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4-13-95 8-3470 C

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 3:06

DOCUMENT # **738455** (5)
1. Corporation Name
HOLIDAY SPRINGS VILLAGE RECREATION CORPORATION, INC.

Principal Place of Business Mailing Address
3131 HOLIDAY SPRINGS BLVD. MARGATE FL 33063 **3131 HOLIDAY SPRINGS BLVD. MARGATE FL 33063**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified **03/25/1977** 3a. Date of Last Report **04/12/1994**
4. FBI Number **59-1729972** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
KAPLAN, ELLEN
3150 HOLIDAY SPRGS. BLVD.
MARGATE 33063

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent Signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, ELLEN	1.2 NAME	
STREET ADDRESS	3150 HOLIDAY SPRGS BLVD	1.3 STREET ADDRESS	
CITY - ST - ZIP	MARGATE, FL 00000	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBERG, SAMUEL	2.2 NAME	
STREET ADDRESS	3100 HOLIDAY SPRGS BLVD	2.3 STREET ADDRESS	
CITY - ST - ZIP	MARGATE, FL 00000	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, MAURICE	3.2 NAME	
STREET ADDRESS	3140 HOLIDAY SPRGS BLVD	3.3 STREET ADDRESS	
CITY - ST - ZIP	MARGATE, FL 00000	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSSMAN, MICHAEL	4.2 NAME	
STREET ADDRESS	3200 HOLIDAY SPRGS BLVD	4.3 STREET ADDRESS	
CITY - ST - ZIP	MARGATE, FL 00000	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERMAN, JACK	5.2 NAME	LAMASTRA, GEORGE
STREET ADDRESS	3180 HOLIDAY SPRGS BLVD	5.3 STREET ADDRESS	3180 HOLIDAY SPRINGS BLVD
CITY - ST - ZIP	MARGATE, FL 00000	5.4 CITY - ST - ZIP	MARGATE, FL 33063
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUCKER, AARON	6.2 NAME	
STREET ADDRESS	3080 HOLIDAY SPRGS BLVD	6.3 STREET ADDRESS	
CITY - ST - ZIP	MARGATE, FL 00000	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ellen J. Kaplan _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____