

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 738455 (5)**  
1. Corporation Name  
**HOLIDAY SPRINGS VILLAGE RECREATION CORPORATION, INC.**



Principal Place of Business <b>3131 HOLIDAY SPRINGS BLVD. MARGATE FL 33063</b>	Mailing Address <b>3131 HOLIDAY SPRINGS BLVD. MARGATE FL 33063-5403</b>
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3. Date Incorporated or Qualified <b>03/25/1977</b>	3a. Date of Last Report <b>04/15/1996</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

4. FEI Number <b>59-1729972</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**KAPLAN, ELLEN  
3150 HOLIDAY SPGS. 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
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAPLAN, ELLEN</b>	1.2 NAME	
STREET ADDRESS	<b>3150 HOLIDAY SPRGS BLVD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARGATE, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSENBERG, SAMUEL</b>	2.2 NAME	
STREET ADDRESS	<b>3100 HOLIDAY SPRGS BLVD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARGATE, FL 00000</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEVINE, MAURICE</b>	3.2 NAME	
STREET ADDRESS	<b>3140 HOLIDAY SPRGS BLVD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARGATE, FL 00000</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GROSSMAN, MICHAEL</b>	4.2 NAME	
STREET ADDRESS	<b>3200 HOLIDAY SPGS BLVD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARGATE, FL 00000</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAMASTRA, GEORGE</b>	5.2 NAME	
STREET ADDRESS	<b>3120 HOLIDAY SPRINGS BLVD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARGATE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZUCKER, AARON</b>	6.2 NAME	
STREET ADDRESS	<b>3080 HOLIDAY SPRGS BLVD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARGATE, FL 00000</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Maurice Levine* MAURICE LEVINE 4/10/97 7526330  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0025376

CR2E037 (9/96)