

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 3131 HOLIDAY SPRINGS BLVD. MARGATE FL 33063	Mailing Address 3131 HOLIDAY SPRINGS BLVD. MARGATE FL 33063
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3. Date Incorporated or Qualified 03/25/1977		
4. FEI Number 59-1729972	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
 FL 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P KAPLAN, ELLEN	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 ROSENBERG, SAMUEL	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 LEVINE, MAURICE	3.1 TITLE	<input checked="" 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 GROSSMAN, MICHAEL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSSMAN, MICHAEL	4.2 NAME	
STREET ADDRESS	3200 HOLIDAY SPGS BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D LAMAstra, GEORGE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMAstra, GEORGE	5.2 NAME	
STREET ADDRESS	3120 HOLIDAY SPRINGS BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	5.4 CITY-ST-ZIP	
TITLE	D ZUCKER, AARON	6.1 TITLE	<input checked="" 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 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: *Ellen Kaplan*

4/9/98

CR2E037 (10/97)