

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90373 019 \*\*\*\*61.25

**DOCUMENT # 738455**

1. Entity 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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1729972

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAUFMAN, WILLIAM  
3110 HOLIDAY SPRINGS BLVD  
MARGATE FL 33063

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete  
BLOOMER, MAUREEN  
STREET ADDRESS 3011 HOLIDAY SPRINGS BLVD  
CITY- ST- ZIP MARGATE FL 33063

TITLE NAME ☐ Delete  
S GOFFMAN, HERMAN  
STREET ADDRESS 3200 HOLIDAY SPRINGS BLVD  
CITY- ST- ZIP MARGATE FL 33063

TITLE NAME ☐ Delete  
T LEVINE, MAURICE  
STREET ADDRESS 3140 HOLIDAY SPRGS BLVD  
CITY- ST- ZIP MARGATE FL 33063

TITLE NAME ☐ Delete  
V FELBERG, NORMAN  
STREET ADDRESS 3090 HOLIDAY SPRINGS BLVD.  
CITY- ST- ZIP MARGATE FL 33063

TITLE NAME ☐ Delete  
P KAUFMAN, WILLIAM  
STREET ADDRESS 3110 HOLIDAY SPRINGS BLVD  
CITY- ST- ZIP MARGATE FL 33063

TITLE NAME ☐ Delete  
D FAMA, LAWRENCE  
STREET ADDRESS 3130 HOLIDAY SPRINGS BLVD  
CITY- ST- ZIP POMPANO BEACH FL 33063

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*William Kaufman*