

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90916 038 ****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
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1729972** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**KAPLAN, ELLEN
3150 HOLIDAY SPGS. BLVD.
MARGATE FL 33063**

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P KAPLAN, ELLEN 3150 HOLIDAY SPRGS BLVD MARGATE FL 33063 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD PUMIYA, FRANK 3200 HOLIDAY SPRINGS BLVD MARGATE FL 33063 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PUMILIA |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LEVINE, MAURICE 3140 HOLIDAY SPRGS BLVD MARGATE FL 33063 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BUCCELLA, VITO 3180 HOLIDAY SPRINGS BLVD MARGATE FL 33063 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition D NORMAN FELBERG 3090 HOLIDAY SPRINGS BLVD MARGATE, FL 33063 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD LAMASTRA, GEORGE 3120 HOLIDAY SPRINGS BLVD. MARGATE FL 33063 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S LEVINE, GEORGE 3071 HOLIDAY SPRINGS BLVD MARGATE FL 33063 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 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: *Ellen Kaplan* **SIGNATURE REQUIRED** 4/4/03 9547526330

CR2E037 (10/02)