

FILED
May 22, 2000 8:00 am
Secretary of State

03-29-2000 90054 014 ****61.25

DOCUMENT # 739190
 1. Entity Name
PORT MALABAR HOLIDAY PARK PROPERTY OWNERS' ASSOC

Principal Place of Business Mailing Address
 215 HOLIDAY PARK BLVD., N.E.
 PALM BAY FL 32907 215 HOLIDAY PARK BLVD., N.E.
 PALM BAY FL 32907-2196

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1778604** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
WHITE, MARION
1158 GREENVIEW CT. N.E.
PALM BAY FL 32907

7. Name and Address of New Registered Agent
 Name **Gloria Haase**
 Street Address (P.O. Box Number is Not Acceptable) **405 Holiday Pk. Blvd - NE**
Palm Bay
 City **FL** Zip Code **32907**

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.

SIGNATURE *Gloria Haase* **4-8-00**
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 9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	HAASE, GLORIA	
STREET ADDRESS	405 HOLIDAY PK. BLVD.N.E.	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RICHARD BEELEY	
STREET ADDRESS	1175 GREENVIEW CT.	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HICKS, JAMES	
STREET ADDRESS	316 HOLIDAY PARK BV NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PINARD, SHIRLEY	
STREET ADDRESS	1043 MOONLIGHT CT, NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edward Pinho	
STREET ADDRESS	173 Holiday Pk. Blvd NE	
CITY-ST-ZIP	Palm Bay, Fl. 32907	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D. - ANN Bigda	
STREET ADDRESS	380 Berry Ct. NE	
CITY-ST-ZIP	Palm Bay, Fl. 32907	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Gloria Haase* **SIGNATURE REQUIRED Gloria Haase 3-22-00 725-6498**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

Gloria Haase

Mailed CK. # 205 3-22-00

CR2E037 (9/99)