

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 748832

**FILED**  
**Mar 04, 2011**  
**Secretary of State**

**Entity Name:** HOLIDAY OAKS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

40347 US 19 NORTH, SUITE 201  
TARPON SPRINGS, FL 346880695 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 695  
TARPON SPRINGS, FL 346880695 US

**New Mailing Address:**

**FEI Number:** 59-2357742

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KARAGIANIS, IRENE  
40347 US 19 NORTH, SUITE 201  
TARPON SPRINGS, FL 34689 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: KAZOURIS, ANDY  
Address: 3421 TRICON LANE # 12  
City-St-Zip: HOLIDAY, FL 34691

Title: DST  
Name: DEWITZ, RICHARD  
Address: 4227 RIDGEFIELD AVE  
City-St-Zip: HOLIDAY, FL 34691

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANDY KAZOURIS

PD

03/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date