

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 28 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Morham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # **753876** (2)

1. Corporation Name

**HOLIDAY SHORES CONDOMINIUM OWNERS' ASSOCIATION, INC.**

Principal Place of Business

**25 WALTER MARTIN ROAD  
FORT WALTON BEACH FL 32548**

Mailing Address

**25 WALTER MARTIN ROAD  
FORT WALTON BEACH FL 32548-4918**

3. Date Incorporated or Qualified  
**08/26/1980**

3a. Date of Last Report  
**04/15/1996**

4. FEI Number  
**59-2116513**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

Country

9. Name and Address of Current Registered Agent

**SMITH, WALTER J  
348 SUDDUTH CIRCLE  
FORT WALTON BEACH FL 32548**

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

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE  
NAME **JIM IFLAND**  
STREET ADDRESS **1413 WASHINGTON DRIVE**  
CITY-ST-ZIP **STAFFORD VA**

TITLE **D** ☐ DELETE  
NAME **ROBERT RICKS**  
STREET ADDRESS **6920 STEINMEIER DR**  
CITY-ST-ZIP **INDIANAPOLIS IN**

TITLE **T** ☐ DELETE  
NAME **SMITH, WALTER J**  
STREET ADDRESS **348 SUDDUTH CIRCLE**  
CITY-ST-ZIP **FT WALTON BCH, FL 00000**

TITLE **D** ☐ DELETE  
NAME **JOHN W COX**  
STREET ADDRESS **RT. 1, BOX 211A**  
CITY-ST-ZIP **GOODSPRING TN**

TITLE **D** ☐ DELETE  
NAME **LAWRENCE G RICHARD**  
STREET ADDRESS **500 ORMSBY**  
CITY-ST-ZIP **LOUISVILLE KY**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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

**SIGNATURE OF REGISTERED AGENT**

**4/15/97**

**004/242 8104**

CR2E037 (9/96)