

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756262

FILED
Feb 21, 2011
Secretary of State

Entity Name: HOLIDAY HARBORS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6014 US HWY 19 N
SUITE 504
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

6014 US HWY 19 N
SUITE 504
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 59-1311010

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLEY, HELEN
C/O CREATIVE MANAGEMENT
6014 US HWY 19 N, STE 504
NEW PORT RICHEY, FL 34652 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: DP
Name: HAAS, DIANE
Address: 6014 US HWY 19 N, STE 504
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: DVP
Name: PISANI, JEFFREY
Address: 6014 US HWY 19 N, STE 504
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: DS
Name: PIRO, PATRICIA
Address: 6014 US HWY 19 N, STE 504
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: DT
Name: THOMPSON, ROSEMARY
Address: 6014 US HWY 19 N, STE 504
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D
Name: ENGELSCHJON, GAIL
Address: 6014 US HWY 19 N, STE 504
City-St-Zip: NEW PORT RICHEY, FL 34652

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: HELEN KELLEY

MGR

02/21/2011

Electronic Signature of Signing Officer or Director

Date