

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756262

FILED  
Feb 22, 2012  
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:**

24701 US HWY 19 NORTH  
SUITE 102  
CLEARWATER, FL 33763

**Current Mailing Address:**

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

**New Mailing Address:**

24701 US HWY 19 NORTH  
SUITE 102  
CLEARWATER, FL 33763

FEI Number: 59-2790903

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:**

BROWDER, KAREN  
24701 US HWY 19 NORTH  
STE 102  
CLEARWATER, FL 33763 US

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: KAREN BROWDER

02/22/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HAAS, DIANE  
Address: 24701 US HWY 19 NORTH  
City-St-Zip: CLEARWATER, FL 33763

Title: VPD  
Name: PISANI, JEFFREY  
Address: 24701 US HWY 19 NORTH  
City-St-Zip: CLEARWATER, FL 33763

Title: SD  
Name: PIRO, PATRICIA  
Address: 24701 US HWY 19 NORTH  
City-St-Zip: CLEARWATER, FL 33763

Title: TD  
Name: THOMPSON, ROSEMARY  
Address: 24701 US HWY 19 NORTH  
City-St-Zip: CLEARWATER, FL 33763

Title: D  
Name: ENGELSCHJON, GAIL  
Address: 24701 US HWY 19 NORTH  
City-St-Zip: CLEARWATER, FL 33763

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: DIANE HAAS

PD

02/22/2012

Electronic Signature of Signing Officer or Director

Date