

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 06, 2005 8:00 am
Secretary of State

05-04-2005 90148 035 ****61.25

DOCUMENT # 756543 1. Entity Name HOLIDAY ASSOCIATION, INC.					
Principal Place of Business 1271 BEACH ROAD C/O SURFSIDE REALTY ENGLEWOOD FL 34223				Mailing Address 1271 BEACH ROAD C/O SURFSIDE REALTY ENGLEWOOD FL 34223	
2. Principal Place of Business MANASOTA KEY REALTY Suite, Apt. #, etc. 1927 BEACH ROAD City & State ENGLEWOOD FL Zip 34223		3. Mailing Address 1927 BEACH ROAD Suite, Apt. #, etc. City & State ENGLEWOOD FL Zip 34223		Country USA	
4. FEI Number 59-2106673				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, ROBERT 1271 BEACH ROAD ENGLEWOOD FL 34223				7. Name and Address of New Registered Agent Name DAVID LIPSTEIN Street Address (P.O. Box Number is Not Acceptable) 1927 BEACH ROAD City ENGLEWOOD FL Zip Code 34223	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DAVID LIPSTEIN DATE 4-28-05 <small>Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2335 DORN ROAD		STREET ADDRESS		
CITY-ST-ZIP	WATERFORD PA 16441		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEACH, SANDI		NAME		
STREET ADDRESS	1233 LARCH		STREET ADDRESS		
CITY-ST-ZIP	WATERFORD MI 48326		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKOFIC, JONATHAN		NAME		
STREET ADDRESS	183 STATION RD HESKETHBANK		STREET ADDRESS		
CITY-ST-ZIP	ENGLAND PR468T		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 another like empowered.					
SIGNATURE: DAVID LIPSTEIN DATE 4-28-05 DAYTIME PHONE # 941-474-9534 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

Sandi Beach, PRESIDENT 6-2-05