

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756543

FILED  
Apr 30, 2007  
Secretary of State

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

**Current Principal Place of Business:**

1927 BEACH ROAD  
ENGLEWOOD, FL 34223

**New Principal Place of Business:**

**Current Mailing Address:**

1927 BEACH ROAD  
ENGLEWOOD, FL 34223

**New Mailing Address:**

**FEI Number:** 59-2106673

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LIPSTEIN, DAVID  
1927 BEACH ROAD  
ENGLEWOOD, FL 34223 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: VD ( ) Delete  
Name: RAS, LINDA  
Address: 2335 DORN ROAD  
City-St-Zip: WATERFORD, PA 16441

Title: PD ( ) Delete  
Name: BEACH, SANDI  
Address: 1233 LARCH  
City-St-Zip: WATERFORD, MI 48328

Title: T ( ) Delete  
Name: SKOFIC, JONATHAN  
Address: 183 STATION RD HESKETHBANK  
City-St-Zip: ENGLAND PR468T,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: BEACH, SANDY  
Address: 1233 LARCH  
City-St-Zip: WATERFORD, MI 48328

Title: TD (X) Change ( ) Addition  
Name: SCHELLMAN, DOUG  
Address: 18065 SADDLEWOOD RD  
City-St-Zip: MONUMENT, CO 80132

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SANDY BEACH

PD

04/30/2007

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

\_\_\_\_\_  
Date