## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#758500**

FILED Apr 24, 2005 Secretary of State

Entity Name: HOLIDAY BEACH RESORT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 6702 B PLANTATION RD PENSACOLA, FL 32504 **Current Mailing Address: New Mailing Address:** P.O. BOX 10977 PENSACOLA, FL 32524 FEI Number: 59-2195770 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MAYE, KAY 6702-B PLANTATION RD US PENSACOLA, FL 32504 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WINDHAM, ROBERT T. Name: Name: 6702-B PLANTATION RD Address: Address: City-St-Zip: PENSACOLA, FL 32504 City-St-Zip: Title: (X) Delete Title: () Change () Addition BETZEL, JANE, Name: Name: Address: 805 BRIARWOOD BLVD. Address: City-St-Zip: ARLINGTON, TX City-St-Zip: Title: DVP () Delete Title: () Change () Addition EMINGER, GARRY, Name: Name: Address: 691 N ROUTE 1-17 Address: City-St-Zip: MEMENCE, IL City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: HIGGINBOTHOM, ED, Name: 5536 HINTON AVENUE Address: Address: City-St-Zip: MEMPHIS, TN City-St-Zip: Title: ( ) Delete Title: () Change () Addition DUKE, DEWEY W Name: Name: 3 OAKLAND ROAD Address: Address: City-St-Zip: SYLACAUGA, AL 35150 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition KAY BECK-MAYE, KAY MAYE. Name: Name: Address: 3715 HIDDEN OAK DR Address: 3715 HIDDEN OAK DR PENSACOLA, FL PENSACOLA, FL City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT T WINDHAM DP 04/24/2005