

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758500

FILED
Mar 29, 2009
Secretary of State

Entity Name: HOLIDAY BEACH RESORT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6702 B PLANTATION RD
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10977
PENSACOLA, FL 32524

New Mailing Address:

FEI Number: 59-2195770

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAYE, KAY
6702-B PLANTATION RD
PENSACOLA, FL 32504 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 () Delete
Name: WINDHAM, ROBERT T,
Address: 6702-B PLANTATION RD
City-St-Zip: PENSACOLA, FL 32504

Title: DVP () Delete
Name: HIGGINBOTHOM, ED,
Address: 3239 KINDERHILL LANE
City-St-Zip: GERMANTOWN, TN 38138

Title: D (X) Delete
Name: DUKE, DEWEY W
Address: 3 OAKLAND ROAD
City-St-Zip: SYLACAUGA, AL 35150

Title: ST (X) Delete
Name: KAY MAYE,
Address: 3715 HIDDEN OAK DR
City-St-Zip: PENSACOLA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPS (X) Change () Addition
Name: KAY MAYE,
Address: 3715 HIDDEN OAK DRIVE
City-St-Zip: PENSACOLA, FL 32504

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

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

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: KAY MAYE

VP

03/29/2009

Electronic Signature of Signing Officer or Director

Date