


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90128 003 ****61.25

DOCUMENT # 759370 1. Entity Name HOLIDAY TRAVEL PARK CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1475 FLAMINGO DRIVE ENGLEWOOD, FL 34224			Mailing Address 1162 INDIAN HILLS BLVD. VENICE, FL 34293 US		
2. Principal Place of Business KEYS-CALDWELL, INC.		3. Mailing Address 1162 INDIAN HILLS BLVD VENICE, FL 34293			
Suite, Apt. #, etc. VENICE, FL 34293		Suite, Apt. #, etc. 			
City & State 		City & State 		4. FEI Number 59-2355350	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CALDWELL, ANNETT K 1162 INDIAN HILLS BLVD. VENICE, FL 34293			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing 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					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE	VD MOORE, SHIRLEY 1475 FLAMINGO DR #158 ENGLEWOOD, FL 34224	<input checked="" type="checkbox"/> Delete	TITLE	D Carl Clark 1475 Flamingo Drive #124 Englewood FL 34224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	SD LUECK, TERRY 1475 FLAMINGO DR #277 ENGLEWOOD, FL 34224	<input checked="" type="checkbox"/> Delete	TITLE	STD Gene Bushouse 1475 Flamingo Drive #374 Englewood FL 34224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	PD CROSSER, JOHN 1475 FLAMINGO DR #301 ENGLEWOOD, FL 34224	<input type="checkbox"/> Delete	TITLE	D Judy Vogel 1475 Flamingo Drive #62 Englewood FL 34224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D BUSHOUSE, GENE 27 WEST CORK ST. KALAMAZOO, MI 49001	<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	STD FISH, PHYLLIS 1475 FLAMINGO DR., #318 ENGLEWOOD, FL 34224	<input checked="" 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	VD PENROD, JACK 1475 FLAMINGO DR #88 ENGLEWOOD, FL 34224	<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 all other like empowered.					
SIGNATURE: <u>Eugene Bushouse</u> <i>Eugene Bushouse</i> 4/18/05 940 475-2116 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					