


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90305 027 \*\*\*\*61.25

<b>DOCUMENT # 759370</b> 1. Entity Name <b>HOLIDAY TRAVEL PARK CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>KEYS-CALDWELL INC.</b> <b>1162 INDIAN HILLS BLVD</b> <b>VENICE, FL 34293 US</b>				Mailing Address <b>1162 INDIAN HILLS BLVD.</b> <b>VENICE, FL 34293 US</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2355350</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CALDWELL, ANNETT K</b> <b>1162 INDIAN HILLS BLVD.</b> <b>VENICE, FL 34293</b>				7. Name and Address of New Registered Agent  Name <b>KEYS-CALDWELL INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1162 INDIAN HILLS BLVD.</b> <b>VENICE, FL 34293</b> City <b>FL</b> Zip Code	
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 <u><i>James A. Hunt</i></u> <span style="float: right;">4/12/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARK, CARL		NAME	Judy Carney	
STREET ADDRESS	1475 FLAMINGO DRIVE #124		STREET ADDRESS	1475 Flamingo Drive #202	
CITY-ST-ZIP	ENGLEWOOD, FL 34224		CITY-ST-ZIP	Englewood FL 34224	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUSHAVE, GENE		NAME		
STREET ADDRESS	1475 FLAMINGO DRIVE #374		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, FL 34224		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CROSSER, JOHN		NAME		
STREET ADDRESS	1475 FLAMINGO DR #301		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, FL 34224		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUSHOUSE, GENE		NAME		
STREET ADDRESS	27 WEST CORK ST.		STREET ADDRESS		
CITY-ST-ZIP	KALAMAZOO, MI 49001		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VOGAL, JUDY		NAME		
STREET ADDRESS	1475 FLAMINGO DRIVE #62		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, FL 34224		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PENROD, JACK		NAME		
STREET ADDRESS	1475 FLAMINGO DR #88		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, FL 34224		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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><i>W. F. D.</i></u> <span style="float: right;">4-17-06</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					