

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 760737**

1. Entity Name

**HOLIDAY PINES PROPERTY OWNERS ASSOCIATION, INC.**

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90226 034 \*\*\*\*61.25

Principal Place of Business <b>5804A INDIAN PINES BLVD FT. PIERCE FL 34951-2302</b>	Mailing Address <b>5804A INDIAN PINES BLVD FT. PIERCE FL 34951-2302</b>
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DO NOT WRITE IN THIS SPACE

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>59-2212915</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>RUSSELL, EDWARD J 5207 ECHO PINES CIRCLE EAST FORT PIERCE FL 34951</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD MCELHINNEY, ROBERT 5112 PALEO PINES CIRCLE FT. PIERCE FL 34951</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD ROBERT GADDY 5202 FEATHER CREEK DRIVE FT. PIERCE FL 34951</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD WHEAT, HANK 5510 ODER RUN DR FT PIERCE FL 34951</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD HENRY WHEAT 5510 DEER RUN DRIVE FT. PIERCE FL 34951</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD RUSSELL, EDWARD 5207 ECHO PINES CIRCLE E FT. PIERCE FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCD EDWARD COLEMAN 5600 DEER RUN DRIVE FT. PIERCE FL 34951</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD WILCOXSON, LISA 5302 SUSON LN FT. PIERCE FL 34951</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD DONNA WILLIFORD 5413 DEER RUN DRIVE FT. PIERCE FL 34951</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 live empowered.

SIGNATURE: HENRY WHEAT 4/5/00 561-575-9185  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR12E037 (9/99)