

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90064 050 \*\*\*\*61.25

<b>DOCUMENT # 760737</b> 1. Entity Name <b>HOLIDAY PINES PROPERTY OWNERS ASSOCIATION, INC.</b>					
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>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2212915</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CLAYTON &amp; MCCULLOH % RUSSELL E. KLEMM, ESQ. 1065 MAITLAND CENTER COMMONS BLVD. MAITLAND, FL 32751</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD FURST, WILLIAM 5212 FEATHERCREEK DR FORT PIERCE, FL 34951</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD WEIDEMAN, ROBERT 5107 ECHO PINES CIRLCE EAST FORT PIERCE, FL 34951</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCD SAK, ROBERT 5101 DEER RUN DRIVE FORT PIERCE, FL 34951</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD PLUMB, PETER 5211 ECHO PINES CIR. EAST FORT PIERCE, FL 34951</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD WILLIFORD, DONNA 5413 DEERRUNN DRIVE FORT PIERCE, FL 34951</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD FURST, WILLIAM 5212 FEATHERCREEK DR FORT PIERCE, FL 34951</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chairman EDMUND, IRENE 5303 INDIAN BEND LANE FORT PIERCE, FL 34951</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE CHAIRMAN BANGERT, ROBERT 5608 EAGLE DRIVE FORT PIERCE, FL 34951</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER GUIDE BECK, MICHAEL 5507 PALEO PINES FORT PIERCE, FL 34951</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASSISTANT TREASURER KROLAK, LAWRENCE 5305 INDIAN BEND LANE FORT PIERCE, FL 34951</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary WILLIFORD, DONNA 5413 DEER RUN DRIVE FORT PIERCE, FL 34951</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD FURST, WILLIAM 5212 FEATHERCREEK DR FORT PIERCE, FL 34951</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> <i>[Signature]</i> <b>IRENE EDMUNDO</b> <b>4-30-07</b> <b>772-461-4670</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					