

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760737

FILED
Mar 25, 2012
Secretary of State

Entity Name: HOLIDAY PINES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5804A INDIAN PINES BLVD
FT. PIERCE, FL 349512302

New Principal Place of Business:

Current Mailing Address:

5804A INDIAN PINES BLVD
FT. PIERCE, FL 349512302

New Mailing Address:

FEI Number: 59-2212915

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHARLES W. MCKINNON, ESQ
LAW OFFICE OF CHARLES W. MCKINNON, P.L.
3055 CARDINAL DR., STE 302
VERO BEACH, FL 32963 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: P
Name: PARE, STEPHANIE
Address: 5507 EAGLE DRIVE
City-St-Zip: FORT PIERCE, FL 34951

Title: T
Name: UTZ, BARBARA
Address: 5207 ECHO PINES CR E
City-St-Zip: FORT PIERCE, FL 34951

Title: VP
Name: SHERLIN, BARBARA
Address: 5407 ECHO PINES CR W
City-St-Zip: FORT PIERCE, FL 34951

Title: S
Name: FINNEY, KAREN
Address: 5515 EAGLE DRIVE
City-St-Zip: FORT PIERCE, FL 34951

Title: AT
Name: MULLER, GEORGE
Address: 5313 ECHO PINES CR E
City-St-Zip: FORT PIERCE, FL 34951

I hereby 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 all other like empowered.

SIGNATURE: STEPHANIE PARE

P

03/25/2012

Electronic Signature of Signing Officer or Director

Date