

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90171 019 \*\*\*\*61.25

**DOCUMENT # 763615**

1. Entity Name  
**HOLIDAY VILLAGE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**SOUTHEAST CONDO MANAGEMENT  
2855 N. UNIVERSITY DR SUITE 310  
CORAL SPRINGS, FL 33065**

Mailing Address  
**SOUTHEAST CONDO MANAGEMENT  
2855 N. UNIVERSITY DR SUITE 310  
CORAL SPRINGS, FL 33065**

40043000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-2229269**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOUTHEAST CONDOMINIUM MANAGEMENT  
2855 N. UNIVERSITY DR STE 310  
CORAL SPRINGS, FL 33065**

Name

**Tucker & Tighe, P.A.**

Street

**800 E. Broward Blvd, Suite 710  
Fort Lauderdale, FL 33301**

City

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

*Thomas J. Tighe Pres.*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*2/6/07*

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
COHEN, BARRY  
3612 N UNIVERSITY DR  
CORAL SPRINGS, FL 33065** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
BEALS, JO  
3628 UNIVERSITY DR.  
CORAL SPRINGS, FL 33065** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVP  
MASCHEK, KEN  
2618 N UNIVERSITY DR  
CORAL SPRINGS, FL 33065** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
RAPKIN, LINDA  
3658 UNIVERSITY DR.  
CORAL SPRINGS, FL 33065** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
Cintron, Janelle  
3534 University Dr.  
Coral Springs, FL 33065** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
Crespo, George  
3532 University Dr.  
Coral Springs, FL 33065** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
Gugliotta, Thomas  
3774 University Dr.  
Coral Springs, FL 33065** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V-P  
Kauffman, Dan  
3536 University Dr.  
Coral Springs, FL 33065** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Tramontano, Gerard  
3670 University Dr.  
Coral Springs, FL 33065** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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.

SIGNATURE:

*Thomas Gugliotta Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4-207*