

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90069 001 \*\*\*\*61.25

<b>DOCUMENT # 763615</b> 1. Entity Name <b>HOLIDAY VILLAGE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>SOUTHEAST CONDO MANAGEMENT 2855 N. UNIVERSITY DR SUITE 310 CORAL SPRINGS, FL 33065</b>			Mailing Address <b>SOUTHEAST CONDO MANAGEMENT 2855 N. UNIVERSITY DR SUITE 310 CORAL SPRINGS, FL 33065</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>59-2229269</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>TUCKER &amp; TIGHE, P.A. 800 E. BROWARD BLVD, SUITE 710 FORT LAUDERDALE, FL 33301</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, 2008</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	S	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CINTRON, JAMILETTE		NAME	Beals Jo	
STREET ADDRESS	3534 UNIVERSITY DR		STREET ADDRESS	3628 University Drive	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRESPO, GEORGE		NAME	Cohen, Barry	
STREET ADDRESS	3532 UNIVERSITY DR		STREET ADDRESS	3612 University Drive	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE	P	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUGLIOTTA, THOMAS		NAME	Guarracino, Mary	
STREET ADDRESS	3774 UNIVERSITY DR		STREET ADDRESS	3728 N. University Dr.	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUFFMAN, DAN		NAME		
STREET ADDRESS	3536 UNIVERSITY DR		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAMANTANO, GERARD		NAME		
STREET ADDRESS	3670 UNIVERSITY DR		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> <i>Thomas Gugliotta</i> <b>THOMAS GUGLIOTTA PRES. 4-17-08</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					