

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763615

FILED
Apr 02, 2009
Secretary of State

Entity Name: HOLIDAY VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2229269

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TUCKER & TIGHE, P.A.
800 E. BROWARD BLVD, SUITE 710
FORT LAUDERDALE, FL 33301 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: T () Delete
Name: BEALS, JO
Address: 3628 UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VP () Delete
Name: COHEN, BARRY
Address: 3612 UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: P () Delete
Name: GUGLIOTTA, THOMAS
Address: 3774 UNIVERSITY DR
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: TRAMANTANO, GERARD
Address: 3670 UNIVERSITY DR
City-St-Zip: CORAL SPRINGS, FL 33065

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BEALS, JO
Address: 3628 UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D (X) Change () Addition
Name: COHEN, BARRY
Address: 3612 UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VP (X) Change () Addition
Name: MCGRATH, RICHARD
Address: UNIVERSITY DR
City-St-Zip: CORAL SPRINGS, FL 33065

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST () Change (X) Addition
Name: GUARRACINO, MARY
Address: UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JO BEALS

P

04/02/2009

Electronic Signature of Signing Officer or Director

Date