


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # 767572 1. Entity Name HOLIDAY ESTATES, THIRD ADDITION, HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 1575 SANDERLING DR ENGLEWOOD, FL 34224	Mailing Address 1575 SANDERLING DR ENGLEWOOD, FL 34224
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DO NOT WRITE IN THIS SPACE



02012008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2386435	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WULP, SHARON V ESQ
227 NOKOMS AVE. S
VENICE, FL 34205

**DO NOT WRITE
IN THIS SPACE**

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee Is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000818321 02/15/08-80038-001 70.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOLLNAGEL, EUGENE 1443 BLUE HERON ENGLEWOOD, FL 34224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHAW, RICHARD 1426 SANDERLING DR ENGLEWOOD, FL 34224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GLENDA, ELZY 1341 MALLARD DR ENGLEWOOD, FL 34224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NEUBAUER, HAROLD 2814 KISKADEE DR ENGLEWOOD, FL 34224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAEFFER, GUS 1354 MALLARD DR ENGLEWOOD, FL 34224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, JAN 1341 MALLARD DR ENGLEWOOD, FL 34224

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IN THIS SPACE**

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: Harold Neubauer David Neubauer 2/1/08 941 474 4491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #