2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767572

FILED Jan 29, 2009 Secretary of State

Entity Name: HOLIDAY ESTATES, THIRD ADDITION, HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1575 SANDERLING DR ENGLEWOOD, FL 34224 **Current Mailing Address: New Mailing Address:** 1575 SANDERLING DR ENGLEWOOD, FL 34224 FEI Number: 59-2386435 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WULP, SHARON V ESQ. 227 NÓKOMS AVE. S VENICE, FL 34205 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition HOLLNAGEL, EUGENE LIBBY, DICK Name: Name: 1443 BLUE HERON Address: 2820 PENGUIN LANE Address: City-St-Zip: ENGLEWOOD, FL 34224 City-St-Zip: ENGLEWOOD, FL 34224 Title: () Delete Title: () Change () Addition SHAW, RICHARD Name: Name: Address: 1426 SANDERLING DR Address: City-St-Zip: ENGLEWOOD, FL 34224 City-St-Zip: Title: () Delete Title: () Change () Addition GLENDA, ELZY Name: Name: 1341 MALLARD DR Address: Address: City-St-Zip: ENGLEWOOD, FL 34224 City-St-Zip: Title: TD () Delete Title: TD (X) Change () Addition NEUBAUER, HAROLD Name: Name: NEUBAUER, HAROLD G Address: 2814 KISKADEE DR Address: 2814 KISKADEE DR City-St-Zip: ENGLEWOOD, FL 34224 City-St-Zip: ENGLEWOOD, FL 34224 Title: () Delete Title: () Change () Addition SCHAEFFER, GUS Name: Name: 1354 MALLARD DR Address: Address: City-St-Zip: ENGLEWOOD, FL 34224 City-St-Zip: Title: () Delete Title: () Change () Addition HAMILTON, JAN Name: Name: Address: 1341 MALLARD DR Address: ENGLEWOOD, FL 34224 City-St-Zip: City-St-Zip:

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: HAROLD G. NEUBAUER TD 01/29/2009