

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768459

FILED
Jan 22, 2011
Secretary of State

Entity Name: HOLIDAY HAVEN HOMEOWNERS, INC.

Current Principal Place of Business:

615 ANGELO LANE
MELBOURNE BEACH, FL 32951 US

New Principal Place of Business:

Current Mailing Address:

615 ANGELO LANE
MELBOURNE BEACH, FL 32951 US

New Mailing Address:

FEI Number: 59-2373484

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUTLER, BARBARA
375 NORWICH LANE
MELBOURNE BEACH, FL 32951 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: P
Name: BUTLER, BARBARA
Address: 375 NORWICH LANE
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: VP
Name: REYNOLDS, WILLIAM A
Address: 310 NORWICH LANE
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: T
Name: GRABILL, GERALD L
Address: 615 ANGELO LANE
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: S
Name: CAMP, NANCY
Address: 667 ANGELO LANE
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: DIR
Name: KOZLOWSKI, FRANK
Address: 484 NORWICH LANE
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: DIR
Name: PIRTO, BARBARA
Address: 651 ANGELO LANE
City-St-Zip: MELBOURNE BEACH, FL 32951

I hereby 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 all other like empowered.

SIGNATURE: GERALD L. GRABILL

T

01/22/2011

Electronic Signature of Signing Officer or Director

Date