


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

02-09-2005 90056009 \*\*\*\*\*61.25  
770226

<b>DOCUMENT # 770226</b> 1. Entity Name HOLIDAY ACRES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business <del>5700 ALS WAY</del> MILTON FL 32583 US		Mailing Address <del>5700 ALS WAY</del> MILTON FL 32583 US			
2. Principal Place of Business 1011 PEARSON RD Suite, Apt. #, etc.		3. Mailing Address 1014 PEARSON RD. Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NO-T APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOLDEN, ALTON R 5700 ALS WAY MILTON FL 32583				7. Name and Address of New Registered Agent Name: <u>ROBERT CHENEY</u> Street Address (P.O. Box Number is Not Acceptable) <u>1014 PEARSON RD.</u> City: <u>MILTON</u> State: <u>FL</u> Zip: <u>32583</u>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW: FEE IS \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD CHENEY, ROBERT 1014 PEARSON RD. MILTON FL 32583	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD CHENGY, VIRGINIA 1014 PEARSON RD MILTON FL 32583	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD THERIAULT, EARL 1012 PEARSON RD MILTON FL 32583	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Robert Cheney - Robert Cheney</u>			Date: <u>3/7/05</u>		Days: <u>529-1713</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Days: Page #

FILED  
05 JUN 27 PM 4:00  
SECRET  
TALLAH  
66003952

