

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 770226**

1. Entity Name

HOLIDAY ACRES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

1011 PEARSON ROAD  
MILTON, FL 32583 US

Mailing Address

1014 PEARSON ROAD  
MILTON, FL 32583



02182008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHENEY, ROBERT  
1014 PEARSON ROAD  
MILTON, FL 32583

**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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

**\$5.00** May Be  
Added to Fees

U00000834434  
02/28/08-80053-006 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CHENEY, ROBERT
STREET ADDRESS	1014 PEARSON RD.
CITY-ST-ZIP	MILTON, FL 32583
TITLE	STD
NAME	CHENEY, VIRGINIA
STREET ADDRESS	1014 PEARSON RD
CITY-ST-ZIP	MILTON, FL 32583
TITLE	VD
NAME	KLUG, DANIEL
STREET ADDRESS	1015 PEARSON RD
CITY-ST-ZIP	MILTON, FL 32583
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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:**

*Virginia T. Cheney*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-08

Date

850-529-1713

Daytime Phone #