

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770226

FILED
Feb 27, 2009
Secretary of State

Entity Name: HOLIDAY ACRES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1011 PEARSON ROAD
MILTON, FL 32583 US

New Principal Place of Business:

Current Mailing Address:

1014 PEARSON ROAD
MILTON, FL 32583

New Mailing Address:

1011 PEARSON ROAD
MILTON, FL 32583

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHENEY, ROBERT
1014 PEARSON ROAD
MILTON, FL 32583 US

Name and Address of New Registered Agent:

DONOVAN, NANCY
5660 RAUGHTON RD
MILTON, FL 32583 US

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: NANCY P DONOVAN

02/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHENEY, ROBERT
Address: 1014 PEARSON RD.
City-St-Zip: MILTON, FL 32583

Title: STD () Delete
Name: CHENEY, VIRGINIA
Address: 1014 PEARSON RD
City-St-Zip: MILTON, FL 32583

Title: VD () Delete
Name: KLUG, DANIEL
Address: 1015 PEARSON RD
City-St-Zip: MILTON, FL 32583

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MONTINI, JOHN
Address: 5656 AL'S WAY
City-St-Zip: MILTON, FL 32583

Title: VD (X) Change () Addition
Name: DELANEY, DONNA
Address: 5679 AL'S WAY
City-St-Zip: MILTON, FL 32583

Title: STD (X) Change () Addition
Name: DONOVAN, NANCY
Address: 5660 RAUGHTON RD
City-St-Zip: MILTON, FL 32583

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: NANCY .P. DONOVAN

STD

02/27/2009

Electronic Signature of Signing Officer or Director

Date