2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# F07228

Entity Name: HOLIDAY TRAVEL PARK CO-OP, INC.

Current Principal Place of Business:

2261 OLD DIXIE HWY
BUNNELL, FL 32110 US

New Principal Place of Business:

Current Mailing Address:

2261 OLD DIXIE HWY
OFFICE
BUNNELL, FL 32110 US

New Mailing Address:

FEI Number: 59-2094700 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCOTT, CHERYL A
2261 S OLD DIXIE HWY
BUNNELL, FL 32110 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: BLAIR, KEITH
Address: 2261 S. OLD DIXIE HWY, LOT 69
City-St-Zip: BUNNELL, FL 32110

Title: VP ( ) Delete
Name: WILCOX, GEORGE
Address: 2261 S OLD DIXIE HWY LOT 117
City-St-Zip: BUNNELL, FL 32110

Title: P ( ) Delete
Name: RANDY, CAYCE
Address: 2261 S. OLD DIXIE HWY, LOT118
City-St-Zip: BUNNELL, FL 32110

Title: T ( ) Delete
Name: ED, PETAK
Address: 2261 S. OLD DIXIE HWY, LOT 39
City-St-Zip: BUNNELL, FL 32110

Title: D ( ) Delete
Name: SCHEEPERS, HANK
Address: 2261 S. OLD DIXIE HWY, LOT 85
City-St-Zip: BUNNELL, FL 32110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BLAIR, KEITH R
Address: 2261 S. OLD DIXIE HWY, LOT 69
City-St-Zip: BUNNELL, FL 32110

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: TOM, KOZAK
Address: 2261 S. OLD DIXIE HWY, LOT 65
City-St-Zip: BUNNELL, FL 32110

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH R BLAIR P 02/09/2009

Electronic Signature of Signing Officer or Director Date