


#158.75

## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

|   |   |   |
|---|---|---|
| <b>DOCUMENT # K70546</b><br>1. Entity Name<br>HOLIDAY ISLE HOTEL, INC.        |   |  |
| Principal Place of Business<br>84001 OVERSEAS HIGHWAY<br>ISLAMORADA, FL 33036 | Mailing Address<br>84001 OVERSEAS HIGHWAY<br>ISLAMORADA, FL 33036 |   |

**FILED**

05 FEB 22 AM 8:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01312005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0123645

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

CELENTANO, VINCENT D  
OFFICE OF GENERAL MANAGER  
84001 OVERSEAS HIGHWAY  
ISLAMORADA, FL 33036

**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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

03/09/05--01064--001 \*\*952.50

**10. OFFICERS AND DIRECTORS**

|                |                           |
|----------------|---------------------------|
| TITLE          | D                         |
| NAME           | CELENTANO, MARY N         |
| STREET ADDRESS | 987 HILLSBORO MILE        |
| CITY-ST-ZIP    | HILLSBORO BEACH, FL       |
| TITLE          | SD                        |
| NAME           | LORICCO, RICHARD A        |
| STREET ADDRESS | 138 ORANGE ST.            |
| CITY-ST-ZIP    | NEW HAVEN, CT             |
| TITLE          | P                         |
| NAME           | CELENTANO, DAVID          |
| STREET ADDRESS | 987 HILLSBORO MILE        |
| CITY-ST-ZIP    | HILLSBORO BEACH, FL 33062 |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |

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**DO NOT WRITE  
IN THIS SPACE**

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David Celentano

2-1-05 954-234-0489