

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # L06412

(5)

95 JAN 17 AM 11:56

1. Corporation Name

HOLIDAY HARBOR MARINA AND TRAILER PARK, INC.

Principal Place of Business

Mailing Address

% PATRICIA CIASULLI  
3545 N OCEAN BLVD.  
GULF STREAM FL 33483

% PATRICIA CIASULLI  
3545 N OCEAN BLVD.  
GULF STREAM FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1989

3a. Date of Last Report

04/29/1994

4. FEI Number

65-0178639

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CIASULLI, PATRICIA  
3545 N OCEAN BLVD.  
GULF STREAM FL 33483

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typewritten or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                    |
|-----------------|--------------------|
| TITLE           | PVS                |
| NAME            | CIASULLI, PATRICIA |
| STREET ADDRESS  | 3545 N OCEAN BLVD. |
| CITY - ST - ZIP | GULF STREAM FL     |
| TITLE           | TD                 |
| NAME            | CIASULLI, PATRICIA |
| STREET ADDRESS  | 3545 N OCEAN BLVD. |
| CITY - ST - ZIP | GULF STREAM FL     |
| TITLE           |                    |
| NAME            |                    |
| STREET ADDRESS  |                    |
| CITY - ST - ZIP |                    |
| TITLE           |                    |
| NAME            |                    |
| STREET ADDRESS  |                    |
| CITY - ST - ZIP |                    |
| TITLE           |                    |
| NAME            |                    |
| STREET ADDRESS  |                    |
| CITY - ST - ZIP |                    |
| TITLE           |                    |
| NAME            |                    |
| STREET ADDRESS  |                    |
| CITY - ST - ZIP |                    |

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 11 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            |                                                                              |
| 13 STREET ADDRESS  |                                                                              |
| 14 CITY - ST - ZIP | 33483                                                                        |
| 21 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME            |                                                                              |
| 23 STREET ADDRESS  |                                                                              |
| 24 CITY - ST - ZIP | 33483                                                                        |
| 31 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 32 NAME            |                                                                              |
| 33 STREET ADDRESS  |                                                                              |
| 34 CITY - ST - ZIP |                                                                              |
| 41 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME            |                                                                              |
| 43 STREET ADDRESS  |                                                                              |
| 44 CITY - ST - ZIP |                                                                              |
| 51 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME            |                                                                              |
| 53 STREET ADDRESS  |                                                                              |
| 54 CITY - ST - ZIP |                                                                              |
| 61 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME            |                                                                              |
| 63 STREET ADDRESS  |                                                                              |
| 64 CITY - ST - ZIP |                                                                              |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation or the incorporator or transferor empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an addition thereto with an address.

SIGNATURE:

*Patricia Ciasulli*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/95

(401) 588-1211