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Mar 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L06412 (5)
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

4. FEI Number

65-0178639

Applied For

Not Applicable

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 owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 18601 SE FEDERAL HWY

26 % PATRICIA CIASULLI

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 624 TERN POINT CIRCLE

City & State

City & State

23 TEQUESTA, FL

28 BOCA RATON, FL

Zip

Country

Zip

Country

24 33469

25 MARTIN

29 33431-5241

30 PALM BEACH

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 624 TERN POINT CIRCLE
1.4 CITY-ST-ZIP BOCA RATON, FL 33431-5241

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 624 TERN POINT CIRCLE
2.4 CITY-ST-ZIP BOCA RATON, FL 33431-5241

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Patricia Ciasulli

3/12/98

(561) 447-1835

CR2E034 (10/97)