

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005254

FILED
Apr 24, 2004
Secretary of State

Entity Name: THE HOLIDAY CLUB COOPERATIVE ASSOCIATION I, INC.

Current Principal Place of Business:

118 WEST ORANGE ST., STE 100
A;TAMONE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

PO BOX 2561
KENNESAW, GA 301569110

New Mailing Address:

FEI Number: 59-3733276

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDBERG, RUSSELL
118 W. ORANGE ST., STE 100
ALTAMONTE SPRINGS, FL 32714 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

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: GAZZARO, BARRY J
Address: 2158 WINTERMERE POINTE DR
City-St-Zip: WINTER GARDEN, FL 34787

Title: VPD () Delete
Name: BEEKMAN, JACOB
Address: 105 UVONGA FALLS
City-St-Zip: UVONGA, KWA ZULA NATAL,

Title: D () Delete
Name: BEEKMAN, ABRAHAM
Address: 26 EAGLE RD
City-St-Zip: KWA-ZULA NATAL 4235,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: GAZZARD, BARRY J
Address: 2718 WINDSOR CT NW
City-St-Zip: KENNESAW, GA 30144 60

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 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 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: BARRY J. GAZZARD

PTSD

04/24/2004

Electronic Signature of Signing Officer or Director

Date