

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 31, 2006 8:00 am
Secretary of State

05-31-2006 90009 043 ****61.25

DOCUMENT # N04000001771

1. Entity Name
HOLIDAY TOWERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: **6767 INDIAN CREEK DRIVE MIAMI BEACH FL 33140**
 Mailing Address: **6767 INDIAN CREEK DRIVE MIAMI BEACH FL 33140**

2. Principal Place of Business: **6767 INDIAN CREEK DR.**
 Suite, Apt. #, etc.: **3/A**
 City & State: **MIAMI BEACH, FL**
 Zip: **33141** Country: **USA**

3. Mailing Address: **1221 BRICKELL AVE**
 Suite, Apt. #, etc.: **900**
 City & State: **MIAMI, FL**
 Zip: **33131** Country: **USA**



4. FEI Number: **75-3195972** Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent:
REGISTERED AGENTS OF FLORIDA, L.L.C.
100 SE SECOND STREET STE 2900
MIAMI FL 33131-2130

7. Name and Address of New Registered Agent:
 Name: **SEVERINO CZAPSKI**
 Street Address (P.O. Box Number is Not Acceptable): **1221 BRICKELL AVE - SUITE 900**
 City: **MIAMI** FL Zip Code: **33131**

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: **SEVERINO CZAPSKI - PRESIDENT** (NOTE: Registered Agent signature required when reinstating)
 DATE: **MAY 25TH 2006**

FILE NOW: FEE IS \$61.25 Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: DP	NAME: CZAPSKI, SEVERINO	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1110 BRICKELL AVE STE 430	CITY-ST-ZIP: MIAMI FL 33131	NAME:	
	<input checked="" type="checkbox"/> Delete	STREET ADDRESS:	
TITLE: DV	NAME: MARTINEZ, HARRY C	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1110 BRICKELL AVE STE 430	CITY-ST-ZIP: MIAMI FL 33131	NAME:	
	<input checked="" type="checkbox"/> Delete	STREET ADDRESS:	
TITLE: DST	NAME: SEGOVIA, RAMON E	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1110 BRICKELL AVE STE 430	CITY-ST-ZIP: MIAMI FL 33131	NAME:	
	<input checked="" type="checkbox"/> Delete	STREET ADDRESS:	
TITLE: DP	NAME: CZAPSKI SEVERINO	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1221 BRICKELL AVE - STE 900	CITY-ST-ZIP: MIAMI, FL, 33131	NAME:	
	<input type="checkbox"/> Delete	STREET ADDRESS:	
TITLE: DV	NAME: MARTINEZ, HARRY C	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1221 BRICKELL AVE - STE 900	CITY-ST-ZIP: MIAMI, FL, 33131	NAME:	
	<input type="checkbox"/> Delete	STREET ADDRESS:	
TITLE: DST	NAME: SEGOVIA, RAMON E	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1221 BRICKELL AVE STE 900	CITY-ST-ZIP: MIAMI, FL, 33131	NAME:	
	<input type="checkbox"/> Delete	STREET ADDRESS:	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 617, 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: **SEVERINO CZAPSKI** MAY 25TH 2006 305-244-8822