

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 29, 2006 8:00 am
Secretary of State

05-01-2006 90400 020 ****61.25

DOCUMENT # N04502 1. Entity Name HOLIDAY HARBOR OWNERS ASSOCIATION, INC.						
Principal Place of Business 14100 RIVER ROAD 313A PENSACOLA, FL 32507				Mailing Address 3760 FIRESTONE BLVD. PENSACOLA, FL 32503		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 65-0120009		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MCCLUCKEY, LYNN Deborah Lindamood 14100 RIVER ROAD 447A 331-C PENSACOLA, FL 32507				7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 <u><i>Deborah Lindamood</i></u> 6/26/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>						
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 SD NAME SKIPPER, LYNN STREET ADDRESS 14100 OLD RIVER RD., #217 CITY-ST-ZIP PENSACOLA, FL 32507	<input checked="" type="checkbox"/> Delete			TITLE PRES NAME LAURA BIGRAS STREET ADDRESS 14100 OLD RIVER RD. #211 CITY-ST-ZIP PENSACOLA FL 32507	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PD NAME DESPAIN, DARRELL STREET ADDRESS 14100 OLD RIVER RD., # CITY-ST-ZIP PENSACOLA, FL 32507	<input checked="" type="checkbox"/> Delete			TITLE VP NAME PARRISH SMITH STREET ADDRESS 14100 OLD RIVER RD. #234 CITY-ST-ZIP PENSACOLA FL 32507	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VPD NAME EASTMAN, JENNY STREET ADDRESS 12521 ROCKY MOUNT RD. CITY-ST-ZIP LUTHERSVILLE, GA 30251	<input checked="" type="checkbox"/> Delete			TITLE SEC NAME LISA RICE STREET ADDRESS 14100 OLD RIVER RD. #136 CITY-ST-ZIP PENSACOLA FL 32507	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 517, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with addresses, with all other like empowered.						
SIGNATURE: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>6/26/06</u> <u>850-554-0746</u> <small>Date Daytime Phone #</small>		