


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90002 034 ****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 - No P.O. Box # 14508 Perdido Key Dr.		3. Mailing Address P.O. Box 34422			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PENSACOLA, FL		City & State PENSACOLA, FL		4. FEI Number 65-0120009	
Zip 32507		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LINDAWOOD, DEBORAH 14100 RIVER ROAD 331-C PENSACOLA, FL 32507			7. Name and Address of New Registered Agent Name <u>GRACE K. ERIS</u> Street Address (P.O. Box Number is Not Acceptable) <u>14508 PERDIDO KEY DRIVE</u> City <u>PENSACOLA</u> FL <u>32507</u>		
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>Grace K. Eris</u> DATE <u>2/06/08</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	P BIGERS, LAURA 14100 OLD RIVER RD SUITE 211 PENSACOLA, FL 32507	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAURA BIGRAS	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, PARRISH 14100 OLD RIVER RD SUITE 234 PENSACOLA, FL 32507	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICA, LISA 14100 OLD RIVER RD SUITE 136 PENSACOLA, FL 32507	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRASURER LISA RICE	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY SUZANNE GARRETT 14100 RIVER RD. #316A PENSACOLA, FL 32507	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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 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: <u>Lisa Rice, Treasurer</u> DATE <u>2/7/08</u> DAYTIME PHONE # <u>601-954-5561</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					