2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# N04502

Entity Name: HOLIDAY HARBOR OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

14508 PERDIDO KEY DR
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

PO BOX 34422
PENSACOLA, FL 32507

New Mailing Address:

FEI Number: 65-0120009 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ERIS, GRACE K
14508 PERDIDO KEY DRIVE
PENSACOLA, FL 32507 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: P ( ) Delete
Name: BIGRAS, LAURA
Address: 14100 OLD RIVER RD SUITE 211
City-St-Zip: PENSACOLA, FL 32507

Title: VP ( ) Delete
Name: SMITH, PARRISH
Address: 14100 OLD RIVER RD SUITE 234
City-St-Zip: PENSACOLA, FL 32507

Title: T ( ) Delete
Name: RICE, LISA
Address: 14100 OLD RIVER RD SUITE 136
City-St-Zip: PENSACOLA, FL 32507

Title: S ( ) Delete
Name: GARRETT, SUZANNE
Address: 14100 RIVER RD. #316A
City-St-Zip: PENSACOLA, FL 32507

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: GARRETT, DIANE
Address: 121 LESIKAR LN
City-St-Zip: CENTER POINT, TX 78010

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GRACE K. ERIS RA 03/02/2009

Electronic Signature of Signing Officer or Director — Date