

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002201

FILED  
Jul 15, 2008  
Secretary of State

**Entity Name:** HOLIDAY POINT TOWNHOMES OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

621 LAUREL STREET  
PANANMA CITY BEACH, FL 32407

**New Principal Place of Business:**

**Current Mailing Address:**

621 LAUREL STREET  
PANANMA CITY BEACH, FL 32407

**New Mailing Address:**

**FEI Number:** 20-4435107      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WINTRODE, JENNIFER A  
519 GRACE AVE  
PANAMA CITY, FL 32401      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: DP      ( ) Delete  
Name: ROGERS, SYLVIA  
Address: 2990 BARIMORE PLACE  
City-St-Zip: DACULA, GA 30019

Title: DV      ( ) Delete  
Name: ROPER, BARBARA  
Address: 3970 DREW CAMP GROUND RD  
City-St-Zip: CUMMING, GA 30040

Title: D      ( ) Delete  
Name: PARKER, LINDA  
Address: 4047 FLINT HILL RD  
City-St-Zip: POWDER SPRINGS, GA 30127

Title: S      ( ) Delete  
Name: DAY, ANITA  
Address: 1466 CO RD 69  
City-St-Zip: MUSCADINE, AL 36269

Title: T      ( ) Delete  
Name: SMITH, JOYCE  
Address: 154 LOWELL DRIVE  
City-St-Zip: SHARPSBURG, GA 30277

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D      (X) Change ( ) Addition  
Name: BRAND, TRACY  
Address: 2990 BARIMORE PLACE  
City-St-Zip: DACULA, GA 30019

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 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: SYLVIA B. ROGERS

DP

07/15/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date