

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -7 PM 1:53

DOCUMENT # N07126 (8)

1. Corporation Name

HOLIDAY VILLAGE RESIDENTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% BEN RICHARDSON
1000 SW 27TH AVE. LOT 64
VERO BEACH FL 32968

% BEN RICHARDSON
1000 SW 27TH AVE. LOT 64
VERO BEACH FL 32968

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/15/1985

3a. Date of Last Report
04/01/1994

4. FEI Number
65-0047817

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 1000 SW 27th Ave #64

26 1000 SW 27th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 VERO BEACH, FL

27 VERO BEACH, FL

City & State

City & State

23 32968 U.S.A

28 32968

Zip

Country

Zip

Country

24

25

29

30

U.S.A

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICHARDSON, BEN
1000 SW 27TH AVE.
LOT #64
VERO BEACH FL 32968

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Ben Richardson
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PT	RICHARDSON, BEN	1000 SW 27TH AVE. #64	VERO BEACH FL
VT	QUINN, JOHN	1000 SW 27TH AVE. #40	VERO BEACH FL
ST	SHEA, PATRICIA	1000 SW 27TH AVE. #36	VERO BEACH FL
TT	SHRADER, SUE	1000 S W 27TH AVE. #81	VERO BEACH FL
D	LEFEBURE, DENIS	1000 SW 27TH AVE. #73	VERO BEACH FL
	<i>Ben Richardson</i> <i>President</i>	<i>1000 SW 27th Ave #64</i>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition

TREASURER
BERNICE BARRETT
1000 SW 27th Ave Lot #13
VERO BEACH, FL 32968

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ben Richardson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Press #