

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07126 (8)

1. Corporation Name

HOLIDAY VILLAGE RESIDENTS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1000 SW 27TH AVE
#64
VERO BEACH FL 32968
US1000 SW 27TH AVE
#64
VERO BEACH FL 32968-5104
US

3. Date Incorporated or Qualified

01/15/1985

3a. Date of Last Report

03/08/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number

65-0047817

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

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 32968Francis Williams
1000 SW 27th AVE
LOT # 06
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Francis Williams

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	RICHARDSON, BEN	
STREET ADDRESS	1000 SW 27TH AVE. #64	
CITY - ST - ZIP	VERO BEACH FL	

1.1 TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Francis Williams	
1.3 STREET ADDRESS	1000 SW 27TH AVE #06	
1.4 CITY - ST - ZIP	Vero Beach FL	

TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	QUINN, JOHN	
STREET ADDRESS	1000 SW 27TH AVE. #40	
CITY - ST - ZIP	VERO BEACH FL	

2.1 TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Theresa Vannah	
2.3 STREET ADDRESS	1000 SW 27TH AVE #37	
2.4 CITY - ST - ZIP	Vero BEACH FL 32968	

TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	SHEA, PATRICIA	
STREET ADDRESS	1000 SW 27TH AVE, #36	
CITY - ST - ZIP	VERO BEACH FL	

3.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Virginia Coons	
3.3 STREET ADDRESS	1000 SW 27TH AVE # 08	
3.4 CITY - ST - ZIP	Vero Beach FL	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BARRETT, BERNICE	
STREET ADDRESS	1000 SW 27TH AVE #13	
CITY - ST - ZIP	VERO BEACH FL	

4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Lucy Fiscoletti	
4.3 STREET ADDRESS	1000 SW 27 th AVE # 44	
4.4 CITY - ST - ZIP	Vero Beach FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	FISCALETTI, LUCY	
STREET ADDRESS	1000 SW 27TH AVE, #44	
CITY - ST - ZIP	VERO BEACH FL	

5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Lillian Dozentarik	
5.3 STREET ADDRESS	1000 SW 27 th AVE # 34	
5.4 CITY - ST - ZIP	Vero Beach FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Carol Slater	
6.3 STREET ADDRESS	1000 SW 27 th AVE # 114	
6.4 CITY - ST - ZIP	Vero Beach FL	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Francis Williams REQUIR FRANCES WILLIAMS 1/17/97 561-770-2928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0021063

CR2E037 (9/96)