

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N07126			
1. Corporation Name HOLIDAY VILLAGE RESIDENTS ASSOCIATION, INC.			
Principal Place of Business 1000 SW 27TH AVE 06 VERO BEACH FL 32968 US		Mailing Address 1000 SW 27TH AVE 06 VERO BEACH FL 32968 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
3. Date Incorporated or Qualified 01/15/1985		4. FEI Number 65-0047817	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent QUINN, JOHN 1000 SW 27 AVE SUITE 40 LOT 40 VERO BEACH FL 32968		10. Name and Address of New Registered Agent 81 Name BURL R. KIMBLE SR. 82 Street Address (P.O. Box Number is Not Acceptable) 1000 SW 27TH AVE 83 LOT # 4 84 City VERO BEACH FL 85 Zip Code 32968	
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 <i>[Signature]</i> (NOTE: Registered Agent signature required when replacing)			
12. OFFICERS AND DIRECTORS			
TITLE	P	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	QUINN, JOHN	1.1 TITLE	P
STREET ADDRESS	1000 SW 27TH AVE SUITE 40	1.2 NAME	BURL R. KIMBLE SR.
CITY-ST-ZIP	VERO BEACH FL 32968	1.3 STREET ADDRESS	1000 SW 27TH AVE LOT 40
		1.4 CITY-ST-ZIP	VERO BEACH FL 32968
TITLE	VT	2.1 TITLE	V.P.
NAME	VANNAH, THERESA	2.2 NAME	DOUGLAS SIMPSON
STREET ADDRESS	1000 S.W. 27TH AVE., #37	2.3 STREET ADDRESS	1000 SW 27TH AVE LOT 32
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	VERO BEACH FL 32968
TITLE	ST	3.1 TITLE	
NAME	COONS, VIRGINA	3.2 NAME	
STREET ADDRESS	1000 S.W. 27TH AVE., #08	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	T
NAME	FISCALETTI, LUCY	4.2 NAME	CAROL A. STAPLES
STREET ADDRESS	1000 S.W. 27TH AVE., #44	4.3 STREET ADDRESS	1000 SW 27TH AVE LOT 42
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP	VERO BEACH FL 32968
TITLE	C	5.1 TITLE	D
NAME	SLATER, CAROL	5.2 NAME	DON DEHULLA
STREET ADDRESS	1000 SW 27TH AVE SUITE 114	5.3 STREET ADDRESS	1000 SW 27TH AVE LOT 54
CITY-ST-ZIP	VERO BEACH FL 32968	5.4 CITY-ST-ZIP	VERO BEACH FL 32968
TITLE	D	6.1 TITLE	D
NAME	SIMPSON, DOUGLAS	6.2 NAME	JOHN QUINN
STREET ADDRESS	1000 SW 27TH AVE SUITE 32	6.3 STREET ADDRESS	1000 SW 27TH AVE LOT 40
CITY-ST-ZIP	VERO BEACH FL 32968	6.4 CITY-ST-ZIP	VERO BEACH FL 32968

I 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED 1/22/99 PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0021734

CR2E037 (1/198)