

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N07126

1. Entity Name
HOLIDAY VILLAGE RESIDENTS ASSOCIATION, INC.



Principal Place of Business
**1000 SW 27TH AVE
LOT #116
VERO BEACH, FL 32968 US**

Mailing Address
**1000 SW 27TH AVE
LOT #116
VERO BEACH, FL 32968 US**



07202007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0047817

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ENGLEHART, THOMAS
1000 SW 27TH AVE
LOT #116
VERO BEACH, FL 32968**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Tom Englehart

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

(NOTE: Registered Agent signature required when reinstating)

07/30/07

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
HINRICH, PAT
1000 SW 27TH AVE #85
VERO BEACH, FL 32968**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
LEWIS, ANITA
1000 SW 27TH AVE #91
VERO BEACH, FL 32968**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
ENGLEHART, TOM
1000 SW 27TH AVE #116
VERO BEACH, FL 32968**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
RYAN, ELEANOR
1000 SW 27TH AVE #83
VERO BEACH, FL 32968**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SMITH, REAVELL
1000 SW 27TH AVE #68
VERO BEACH, FL 32968**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
DEHULLA, DON
1000 SW 27TH AVE #54
VERO BEACH, FL 32968**

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07/23/07-80001-016 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Tom Englehart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/30/07

Date

Daytime Phone #