


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90070 015 ****61.25

DOCUMENT # N07126
1. Entity Name
HOLIDAY VILLAGE RESIDENTS ASSOCIATION, INC.



Principal Place of Business Mailing Address
**1000 SW 27TH AVE
LT 75
VERO BEACH FL 32968
US** **1000 SW 27TH AVE
LT 75
VERO BEACH FL 32968
US**

2. Principal Place of Business 3. Mailing Address
1000 SW 27th Ave. **1000 SW 27th Ave.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
Lot # 75 **Lot # 75**
City & State City & State
Vero Beach, Fl. **Vero Beach, Fl.**

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
**BOYER, GIL
1000 S.W. 27TH AVENUE
LOT 36
VERO BEACH FL 32968**

7. Name and Address of New Registered Agent
Name **Vernalee Windsor**
Street Address (P.O. Box Number is Not Acceptable)
1000 SW 27th Ave. # 75
City **Vero Beach** **FL** Zip Code **32968**

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 *Vernalee Windsor* **Vernalee Windsor** **1-15-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** **Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOYER, GIL 1000 SW 27 AVE LT 36 VERO BEACH FL 32968-5152	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FISCALETTI, LUCY 1000 SW 27 AVE LT 44 VERO BEACH FL 32968-5152	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAWKINS, MARYANN B 1000 SW 27 AVE LT 75 VERO BEACH FL 32968-5152	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAWKINS, MARYANN B 1000 SW 27 AVE LT 75 VERO BEACH FL 32968-5152	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEHULLA, DON 1000 SW 27 AVE LT 54 VERO BEACH FL 32968-5152	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISCALETTI, LUCY 1000 SW 27 AV LT 75 VERO BEACH FL 32968-5152	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Windsor, Vernalee 1000 SW 27th Ave. Lot # 94 Vero Beach, Fl. 32968-5152	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Fiscaletti, Lucy 1000 SW 27th Ave. Lot # 44 Vero Beach, Fl. 32968-5152	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Hawkins, Maryann B. 1000 SW 27th Ave. Lot 75 Vero Beach, Fl. 32968-5152	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Hawkins, Maryann B. 1000 SW 27th Ave. Lot # 75 Vero Beach, Fl. 32968-5152	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brown, Paul 1000 SW 27th Ave. Lot # 82 Vero Beach, Fl. 32968-5152	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hoffler, Beverly 1000 SW 27th Ave. Lot # 102 Vero Beach, Fl. 32968-5152	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: *Maryann B. Hawkins* **Maryann B. Hawkins** **1-15-03 772-562-1718**

CR2E037 (10/02)