

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08183

FILED
Apr 14, 2011
Secretary of State

Entity Name: HOLIDAY MANOR COOPERATIVE, INC.

Current Principal Place of Business:

1044 CASTELLO DRIVE
SUITE 206
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

1044 CASTELLO DR.
#206
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 59-2663568 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SOUTHWEST PROPERTY MANAGEMENT CORP.
1044 CASTELLO DR., #206
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: HINCKLEY, DON
Address: 115 DUNCAN LANE
City-St-Zip: NAPLES, FL 34114

Title: PD
Name: KNIOLA, GEORGE
Address: 523 PALM DRIVE
City-St-Zip: NAPLES, FL 34114

Title: D
Name: LESTER, PAT
Address: 133 MAHOGANY LANE
City-St-Zip: NAPLES, FL 34114

Title: VP
Name: AYVAZIAN, STEVE
Address: 801 PALM
City-St-Zip: NAPLES, FL 34114

Title: T
Name: ELLGREN, LYNNE
Address: 183 MAHOGANY LANE
City-St-Zip: NAPLES, FL 34114

Title: S
Name: RICKERT, LYNN
Address: 971 PALM DRIVE
City-St-Zip: NAPLES, FL 34114

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GEORGE KNIOLA

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04/14/2011

Electronic Signature of Signing Officer or Director

_____ Date