

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90053 024 ****61.25

DOCUMENT # N10523 1. Entity Name HOLIDAY BEACH ON THE GULF PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 4115 NANCEE DR PANAMA CITY BCH., FL 32408 US			Mailing Address 4115 NANCEE DR PANAMA CITY BCH., FL 32408 US		
2. Principal Place of Business 4121 NANCEE DR Suite, Apt. #, etc.		3. Mailing Address 4121 NANCEE DR Suite, Apt. #, etc.			
City & State PANAMA CITY BCH, FL Zip 32408		City & State PANAMA CITY BCH, FL Zip 32408		4. FEI Number 59-3151517	
Country US		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARDNER, JAMIE 4115 NANCEE DR PANAMA CITY BEACH, FL 32408			7. Name and Address of New Registered Agent Name MAROLLA, TED Street Address (P.O. Box Number is Not Acceptable) 4121 NANCEE DR City PANAMA CITY BCH State FL Zip Code 32408		
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 <u><i>Ted Marolla</i></u> DATE <u>4/4/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUSH, JERRY R 7005 THOMAS DRIVE PANAMA CITY, FL 32408	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NANCY NANCE 4108 NANCEE DR PANAMA CITY BCH, FL 32408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURGAN, BRAD 8247 COUNTRY LINE RD ROBERTSVILLE, MO 63072	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACK PEAVY 4129 DANNY DR PANAMA CITY BCH, FL 32408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURGAN, BRAD 8247 COUNTY LINE ROAD ROBERTSVILLE, MO 63072	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOM PINNER 4123 DANNY DR PANAMA CITY BCH, FL 32408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARDNER, JAMIE 4115 NANCEE DR PANAMA CITY, FL 32408	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TED MAROLLA 4121 NANCEE DR PANAMA CITY BCH, FL 32408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOSELEY, JUDY 331 MOSELEY LANE ASHFORD, AL 36312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TED MAROLLA 4121 NANCEE DR PANAMA CITY BCH, FL 32408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GARDNER, JAMIE 4115 NANCEE DR PANAMA CITY, FL 32408	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TED MAROLLA 4121 NANCEE DR PANAMA CITY BCH, FL 32408	<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: <u><i>Ted Marolla</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/4/05 1-850-234-2602 <small>Date Daytime Phone #</small>		