

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # N10523

1. Entity Name
**HOLIDAY BEACH ON THE GULF PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business
**4121 NANCEE DR
PANAMA CITY, FL 32408 US**

Mailing Address
**4121 NANCEE DR
PANAMA CITY, FL 32408 US**



01162006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3151517

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MAROLLA, TED
4121 NANCEE DR
PANAMA CITY BEACH, FL 32408**

**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 *Ted Marolla* **1-16-06**
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	NANCE, NANCY
STREET ADDRESS	4108 NANCEE DR
CITY - ST - ZIP	PANAMA CITY, FL 32408
TITLE	O
NAME	PEAVY, JACK
STREET ADDRESS	4129 DANNY DR
CITY - ST - ZIP	PANAMA CITY, FL 32408
TITLE	PD
NAME	BURGAN, BRAD
STREET ADDRESS	8247 COUNTY LINE ROAD
CITY - ST - ZIP	ROBERTSVILLE, MO 63072
TITLE	O
NAME	PINNER, TOM
STREET ADDRESS	4123 DANNY DR
CITY - ST - ZIP	PANAMA CITY, FL 32408
TITLE	SD
NAME	MOSELEY, JUDY
STREET ADDRESS	331 MOSELEY LANE
CITY - ST - ZIP	ASHFORD, AL 36312
TITLE	TD
NAME	MAROLLA, TED
STREET ADDRESS	4121 NANCEE DR
CITY - ST - ZIP	PANAMA CITY, FL 32408

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01/24/06-80009-012 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: *Ted Marolla* **1-16-06** **850-234-2602**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #