


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90043 011 \*\*\*\*70.00

<b>DOCUMENT # N10523</b> 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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>PANAMA CITY BEACH</b>			City & State <b>PANAMA CITY BEACH</b>		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3151517	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>MAROLLA, TED</b> <b>4121 NANCEE DR</b> <b>PANAMA CITY BEACH, FL 32408</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NANCE, NANCY 4108 NANCEE DR PANAMA CITY, FL 32408 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEAVY, JACK 4129 DANNY DR PANAMA CITY, FL 32408 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURGAN, BRAD 8247 COUNTY LINE ROAD ROBERTSVILLE, MO 63072 <input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINNER, TOM 4123 DANNY DR PANAMA CITY, FL 32408 <input type="checkbox"/> Delete				
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	TD MAROLLA, TED 4121 NANCEE DR PANAMA CITY, FL 32408 <input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
PD Clifford Hughes 911 Itchia Gin Road Carrollton, Ga 30116 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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.					
<b>SIGNATURE: Ted Marolla</b> <b>Ted Marolla</b> <b>2-16-07</b> <b>850-234-2602</b>					