

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2008 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 BEACH, FL 32408 US**

Mailing Address

**4121 NANCEE DR
PANAMA CITY BEACH, FL 32408 US**



01052008 No Chg-NP

CR2E037 (4/06)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
NANCE, NANCY
4108 NANCEE DR
PANAMA CITY, FL 32408**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PEAVY, JACK
4129 DANNY DR
PANAMA CITY, FL 32408**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HUGHES, CLIFFORD
911 ITCHIA GIN RD.
CARROLLTON, GA 30116**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PINNER, TOM
4123 DANNY DR
PANAMA CITY, FL 32408**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
MOSELEY, JUDY
331 MOSELEY LANE
ASHFORD, AL 36312**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
MAROLLA, TED
4121 NANCEE DR
PANAMA CITY, FL 32408**

U00000780005
01/14/08-80004-026 70.00

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-08

Date

850-234-2602

Daytime Phone #