

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10523

FILED
Jan 18, 2009
Secretary of State

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

Current Principal Place of Business:

4121 NANCEE DR
PANAMA CITY BEACH, FL 32408 US

New Principal Place of Business:

Current Mailing Address:

4121 NANCEE DR
PANAMA CITY BEACH, FL 32408 US

New Mailing Address:

FEI Number: 59-3151517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAROLLA, TED
4121 NANCEE DR
PANAMA CITY BEACH, FL 32408 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: V () Delete
Name: NANCE, NANCY
Address: 4108 NANCEE DR
City-St-Zip: PANAMA CITY, FL 32408

Title: D () Delete
Name: PEAVY, JACK
Address: 4129 DANNY DR
City-St-Zip: PANAMA CITY, FL 32408

Title: PD () Delete
Name: HUGHES, CLIFFORD
Address: 911 ITCHIA GIN RD.
City-St-Zip: CARROLLTON, GA 30116

Title: D () Delete
Name: PINNER, TOM
Address: 4123 DANNY DR
City-St-Zip: PANAMA CITY, FL 32408

Title: SD () Delete
Name: MOSELEY, JUDY
Address: 331 MOSELEY LANE
City-St-Zip: ASHFORD, AL 36312

Title: TD () Delete
Name: MAROLLA, TED
Address: 4121 NANCEE DR
City-St-Zip: PANAMA CITY, FL 32408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TED MAROLLA

TD

01/18/2009

Electronic Signature of Signing Officer or Director

Date