FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

[illegible] - 1 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N10994** **(4)**

1. Corporation Name

HOLIDAY LAKES WEST CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2728 HOLIDAY LAKES DR. HOLIDAY FL 34691	2728 HOLIDAY LAKES DR. HOLIDAY FL 34691

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/06/1985**
3a. Date of Last Report: **03/31/1994**
4. FEI Number: **59-2568881** ☐ Applied For ☐ Not Applicable

21 2. Principal Place of Business	26 2a. Mailing Address	5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
23 City & State	28 City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
24 Zip / 25 Country	29 Zip / 30 Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KILLORIN LUCYLLE G
1207 JAMBALANA DR
HOLIDAY FL 34691

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	11 TITLE	☐ Change ☐ Addition
NAME	KILLORIN, LUCYLLE	12 NAME	
STREET ADDRESS	1207 JAMBALANA DR	13 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL	14 CITY-ST-ZIP	
TITLE	VPT	21 TITLE	VPT ☒ Change ☐ Addition
NAME	LOFASO, CARL	22 NAME	CHARLES FELSMAN
STREET ADDRESS	1238 CALAMONDIN DR	23 STREET ADDRESS	1239 Fuschia DR.
CITY-ST-ZIP	HOLIDAY FL	24 CITY-ST-ZIP	Holiday, Fl 34691
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	BAKER, MARJORIE	32 NAME	
STREET ADDRESS	1016 BEGONIA DR	33 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL	34 CITY-ST-ZIP	
TITLE	TT	41 TITLE	☐ Change ☐ Addition
NAME	HASELEY, LOUIS	42 NAME	
STREET ADDRESS	1304 PERSIMMON DR	43 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lucylle G Killorin 4/20/95 934-8309

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0044459