


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N10994</b> 1. Entity Name HOLIDAY LAKES WEST CIVIC ASSOCIATION, INC.	
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Principal Place of Business 2728 HOLIDAY LAKES DR. HOLIDAY, FL 34691	Mailing Address 2728 HOLIDAY LAKES DR. HOLIDAY, FL 34691
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01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2568881	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  BAKER, MARJORIE 1016 BEGONIA DR HOLIDAY, FL 34691	<b>DO NOT WRITE IN THIS SPACE</b>
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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 <u><i>Marjorie Baker</i></u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <u><i>April 5, 2004</i></u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000105766 04/07/04-80038-020 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD JACOBI, JOHN F D. 1130 MANDARIN DR. HOLIDAY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BAKER, MARJORIE 1016 BEGONIA DR HOLIDAY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HASELEY, LOUIS 1304 PERSIMMON DR HOLIDAY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP IANTOSCA, SOPHIE 1130 MANDARIN DR. HOLIDAY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.	
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SIGNATURE: <u><i>John F. Jacobs</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u><i>4/5/04</i></u> <small>Date</small>	DAYTIME PHONE # <u><i>727 944 3085</i></u> <small>Daytime Phone #</small>
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