

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90384 050 ****61.25

DOCUMENT # N10994

1. Entity Name

HOLIDAY LAKES WEST CIVIC ASSOCIATION, INC.



Principal Place of Business

2728 HOLIDAY LAKES DR.
HOLIDAY FL 34691

Mailing Address

2728 HOLIDAY LAKES DR.
HOLIDAY FL 34691

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2568881

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAKER, MARJORIE
1016 BEGONIA DR
HOLIDAY FL 34691

7. Name and Address of New Registered Agent

Name VICKI RAVA

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

1214 GREENLEA DR

City HOLIDAY

FL

Zip Code 34691

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

Vicki Rava

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

(NOTE: Registered Agent signature required when reinstating)

4/12/05

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	JACOBI, JOHN F. D.	
STREET ADDRESS	1130 MANDARIN DR.	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BAKER, MARJORIE	
STREET ADDRESS	1016 BEGONIA DR	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HASELEY, LOUIS	
STREET ADDRESS	1304 PERSIMMON DR	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	IAENTOSCA, SOPHIE	
STREET ADDRESS	1130 MANDARIN DR.	
CITY-ST-ZIP	HOLIDAY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICKI RAVA	
STREET ADDRESS	1214 GREENLEA DR	
CITY-ST-ZIP	HOLIDAY FL 34691-6755	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOANNE OAKLEY	
STREET ADDRESS	1326 FUCHSIA	
CITY-ST-ZIP	HOLIDAY FL 34691-6755	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID WRIGHT	
STREET ADDRESS	2639 BLOSSOM LAKE	
CITY-ST-ZIP	HOLIDAY FL 34691-6755	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John F. D. Jacobi

4/12/05

Date

727 944 3085

Daytime Phone #