

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90985 029 \*\*\*\*61.25

**DOCUMENT # N10994**

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

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

City

**FL**

Zip Code

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

*Marjorie Baker*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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** ☐ Delete  
NAME **JACOBI, JOHN F.D.**  
STREET ADDRESS **1130 MANDARIN DR.**  
CITY-ST-ZIP **HOLIDAY FL**

TITLE **ST** ☐ Delete  
NAME **BAKER, MARJORIE**  
STREET ADDRESS **1016 BEGONIA DR**  
CITY-ST-ZIP **HOLIDAY FL**

TITLE **P** ☐ Delete  
NAME **HASELEY, LOUIS**  
STREET ADDRESS **1304 PERSIMMON DR**  
CITY-ST-ZIP **HOLIDAY FL**

TITLE **T** ☒ Delete  
NAME **CORRADO, ERNEST**  
STREET ADDRESS **1311 PERSIMMON DR**  
CITY-ST-ZIP **HOLIDAY FL 34691**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **VP IANTOSCA, SOPHIE**  
STREET ADDRESS **1130 MANDARIN DR**  
CITY-ST-ZIP **HOLIDAY, FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Marjorie Baker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/3/2003 934-8309**  
Date Daytime Phone #

CR2E037 (10/02)