

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90057 003 ****61.25

DOCUMENT # N11244 1. Entity Name HOLIDAY LAKE ESTATES SECURITY PATROL, INC.					
Principal Place of Business 3624 ATLANTIS DRIVE HOLIDAY, FL 34691 US			Mailing Address 3624 ATLANTIS DRIVE HOLIDAY, FL 34691 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI-Number 59-2240505	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVE CORAL GABLES, FL 33134			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<i>President</i>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KING, WALTER H		NAME	<i>Donald Fowler</i>	
STREET ADDRESS	2015 NORFOLK DRIVE		STREET ADDRESS	<i>3124 PINON Drive</i>	
CITY-ST-ZIP	HOLIDAY, FL 34691		CITY-ST-ZIP	<i>Holiday, FL 34691</i>	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<i>Vice President</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SULLIVAN, THOMAS		NAME	<i>Ernest Corrado</i>	
STREET ADDRESS	3151 ATLANTIS DRIVE		STREET ADDRESS	<i>1311 Parsimman Drive</i>	
CITY-ST-ZIP	HOLIDAY, FL 34691		CITY-ST-ZIP	<i>Holiday, FL 34691</i>	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<i>Treasurer</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, VIELLAF		NAME	<i>Viella Anderson</i>	
STREET ADDRESS	3215 ROSBURY DRIVE		STREET ADDRESS	<i>3215 Roxbury Drive</i>	
CITY-ST-ZIP	HOLIDAY, FL 34691		CITY-ST-ZIP	<i>Holiday, FL 34691</i>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<i>Secretary</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAY, ALLAN		NAME	<i>Edward Mathey</i>	
STREET ADDRESS	3116 HOLIDAY LAKE DRIVER		STREET ADDRESS	<i>2047 Dartmouth Drive</i>	
CITY-ST-ZIP	HOLIDAY, FL 34691		CITY-ST-ZIP	<i>Holiday, FL 34691</i>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	BOSTINCK, ROBERT		NAME		
STREET ADDRESS	1248 VIKIING DRIVE		STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY, FL 34691		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:			Edward Mathey		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 02-06-04 Daytime Phone # 813-230-5247		