


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90044 005 ****61.25

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|--|--|---|--|---|--|
| DOCUMENT # N14836 1. Entity Name HOLIDAY HAVEN HOMEOWNERS ASSOCIATION, INC. | | | |  | |
| Principal Place of Business C/O RANDALL N. THORNTON 4 THUNDERBIRD PLAZA CR 470 LAKE PANASOFFKEE, FL 33538 | | | | Mailing Address 1057 COUNTY ROAD 463 LAKE PANASOFFKEE, FL 33538 | |
| 2. Principal Place of Business - No P.O. Box # 1240 C.R. 463 | | 3. Mailing Address 1240 C.R. 463 | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Lake Panasoffkee, Fla. | | City & State Lake Panasoffkee, FL | | 4. FEI Number 59-2949019 | |
| Zip 33538 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CONNER, ROBERT D 1057 COUNTY ROAD 463 LAKE PANASOFFKEE, FL 33538 | | 7. Name and Address of New Registered Agent Name Bridget M. Veal Street Address (P.O. Box Number is Not Acceptable) 1240 C.R. 463 City Lake Panasoffkee FL Zip 33538 | | | |
| 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>Bridget M. Veal</i></u> 2/8/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution. | | | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CONNER, ROBERT D 1057 COUNTY ROAD 463 LAKE PANASOFFKEE, FL 33538 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Gary J. Lorenz P.O. Box 203 Lake Panasoffkee, Fla 33538 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST VEAL, BRIDGET M 1240 COUNTY ROAD 463 LAKE PANASOFFKEE, FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V TUBERVILLE, DAVID 1255 COUNTY ROAD 463 LAKE PANASOFFKEE, FL 33538 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CLEMENTE, JIM 1026 CR 463 LAKE PANASOFFKEE, FL 33538 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Tony Brown 934 C.R. 463 Lake Panasoffkee, Fla 33538 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D OATES, PATRICK 893 CR 463 A LAKE PANASOFFKEE, FL 33538 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Dale Parrett 918 C.R. 463 Lake Panasoffkee, Fla 33538 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DIXON, JOHN 1003 COUNTY ROAD 463 LAKE PANASOFFKEE, FL 33538 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Ron Abbott 952 C.R. 463 Lake Panasoffkee, Fla 33538 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Bridget M. Veal</i></u> Bridget M. Veal 2/8/08 352-568-7074 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |