2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# N14836

Entity Name: HOLIDAY HAVEN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1240 C.R. 463
LAKE PANASOFFKEE, FL 33538

New Principal Place of Business:

Current Mailing Address:

1240 C.R. 463
LAKE PANASOFFKEE, FL 33538

New Mailing Address:

FEI Number: 59-2949019 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VEAL, BRIDGET M
1240 C.R. 463
LAKE PANASOFFKEE, FL 33538 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LORENZ, GARY J
Address: P.O. BOX 203
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: ST ( ) Delete
Name: VEAL, BRIDGET M
Address: 1240 COUNTY ROAD 463
City-St-Zip: LAKE PANASOFFKEE, FL

Title: V ( ) Delete
Name: TUBERVILLE, DAVID
Address: 1255 COUNTY ROAD 463
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: D ( ) Delete
Name: BROWN, TONY
Address: 934 C.R. 463
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: D ( ) Delete
Name: FARRETT, DALE
Address: 918 C.R. 463
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: D ( ) Delete
Name: ABBOTT, RON
Address: 952 C.R. 463
City-St-Zip: LAKE PANASOFFKEE, FL 33538

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PARRET, DALE
Address: 918 CUONTY ROAD 463
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: SHERMAN, DARRELL
Address: 1161C.R. 463
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIDGET M. VEAL ST 02/06/2009

Electronic Signature of Signing Officer or Director — Date