


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 24, 2005 08:00 AM
Secretary of State**

DOCUMENT # N29849 1. Entity Name THE OFFICE CENTER OF HOLIDAY OWNERS ASSOCIATION, INC.		
Principal Place of Business 3014 US HWY 19 HOLIDAY, FL 34691 US	Mailing Address 3014 US HWY 19 HOLIDAY, FL 34691 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BEKESH, RICHARD M 3014 US HWY 19 HOLIDAY, FL 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BEKESH, RICHARD M 3014 US HWY 19 HOLIDAY, FL 34691	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BEKESH, LAURA E 3014 US HWY 19 HOLIDAY, FL 34691	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENWOOD, CHERYL A 3014 US HWY 19 HOLIDAY, FL 34691	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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)(f), 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>Laura E Bekesh, DST</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>2/24/05 727-938-1516</u> <small>Date Daytime Phone #</small>



02212005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2949568	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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