

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 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
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04142006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2949568	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BEKESH, RICHARD M 3014 US HWY 19 HOLIDAY, FL 34691	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000512853
05/02/06-80029-012 61.25

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	

**DO NOT WRITE
IN THIS SPACE**

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: Laura E. Bekesh Laura E. Bekesh 4/14/06 727-938-1516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #