

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33785

1. Entity Name

HOLIDAY SHORES ESTATES ASSOCIATION, INC.

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90202 017 \*\*\*\*61.25

Principal Place of Business

Mailing Address

980 SHORE DRIVE  
DESTIN FL 32550

P.O. BOX 794  
DESTIN FL 32541

BY: *[Signature]*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10221 Emerald Coast Parkway W

10221 Emerald Coast Parkway W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

23

City & State

City & State

Destin, FL

Destin, FL

Zip

Zip

32550

32550

Country

Country

4. FEI Number

59-2987123

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOSTER, JAMES J  
10221 EMERALD COAST PARKWAY  
SUITE 22  
DESTIN FL 32550

Emerald Coast Association Mgt.

Street Address (P.O. Box Number is Not Acceptable)

Attn: Jay Gelder

10221 Hwy 98 West, Suite 23

City

Destin

FL

Zip Code

32550

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOSTER, JOHN 724 SHORE DR DESTIN FL 32550	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KLEIN, BOB 152 SHORE DR DESTIN FL 32550	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SNOW, JANET 980 SHORE DR DESTIN FL 32541	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President John Magee P.O. Box 1347 DESTIN FL 32550	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tim Klein 451 Forest Shore Drive DESTIN FL 32550 Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Dempsey Hammond Jr. 854 Shore Drive DESTIN FL 32550	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Bogdan, Jim 830 Harbor Dr. A. Walton Beach FL 32518	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVE DOCHERTY 220 Shore Drive Destin FL 32550 Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dottie A Zzarello 912 Shore Drive Destin FL 32550 Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

*[Signature]* SNOW

3/21/02 (850) 837-9355

CR2E037 (9/01)