

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N33785

**FILED**  
**Apr 30, 2004**  
**Secretary of State****Entity Name:** HOLIDAY SHORES ESTATES ASSOCIATION, INC.**Current Principal Place of Business:**10221 EMERALD COAST PKWAY W  
23  
DESTIN, FL 32550**New Principal Place of Business:**P.O. BOX 6453  
MIRAMAR BEACH, FL 32550**Current Mailing Address:**10221 EMERALD COAST PKWAY W  
23  
DESTIN, FL 32550**New Mailing Address:**P.O. BOX 6453  
MIRAMAR BEACH, FL 32550**FEI Number:** 59-2987123**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**EMERALD COAST ASSOCIATION MGT.  
10221 EMERALD COAST PKWY W.  
SUITE 23  
DESTIN, FL 32550 US**Name and Address of New Registered Agent:**AZZARELLO, DOTTIE  
P.O. BOX 6453  
MIRAMAR BEACH, FL 32550 US

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: DOTTIE AZZARELLO

04/30/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MAGEE, JOHN  
Address: P.O. BOX 1347  
City-St-Zip: DESTIN, FL 32550

Title: D ( ) Delete  
Name: AZZARELLO, DOTTIE A  
Address: 912 SHORE DRIVE  
City-St-Zip: DESTINE, FL 32550

Title: STD ( ) Delete  
Name: SNOW, JANET  
Address: 980 SHORE DR  
City-St-Zip: DESTIN, FL 32541

Title: VP (X) Delete  
Name: HAMMOND, DEMPSEY JR  
Address: 854 SHORE DRIVE  
City-St-Zip: DESTIN, FL 32550

Title: D ( ) Delete  
Name: BAUGHMAN, JIM  
Address: 832 TARPON DR.  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D (X) Delete  
Name: DOCHERTY, DAVE  
Address: 220 SHORE DRIVE  
City-St-Zip: DESTINE, FL 32550

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: SEC (X) Change ( ) Addition  
Name: AZZARELLO, DOTTIE A  
Address: 912 SHORE DRIVE  
City-St-Zip: DESTIN, FL 32550

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DOTTIE AZZARELLO

SEC

04/30/2004

Electronic Signature of Signing Officer or Director

Date