2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33785

FILED May 15, 2006 Secretary of State

Entity Name: HOLIDAY SHORES ESTATES ASSOCIATION, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
O. BOX	6453 BEACH, FL 325	50				
urrent M	lailing Address:		New Maili	ng Addres	s:	
.O. BOX IIRAMAR	6453 BEACH, FL 325	50				
		FEI Number Applied For() (b), F.S., the corporation did not	FEI Number Not Appl receive the prior notic		Certificate of Status Desired	d()
ame and	l Address of Cur	rent Registered Agent:	Name and	Address of	of New Registered Agent:	
'.O. BOX 11RAMAR	BEACH, FL 325					
		mits this statement for the pu	irpose of changing i	ts registere	d office or registered agent, (or both,
	named entity sub e of Florida.	mits this statement for the pu	irpose of changing i	ts registere	d office or registered agent, o	or both,
the State	e of Florida.	mits this statement for the pu	irpose of changing i	ts registere	d office or registered agent, o	or both,
the State	e of Florida. [*] RE:	mits this statement for the pu Signature of Registered Ager		ts registere	d office or registered agent, o	or both,
the State	e of Florida. [*] RE:	Signature of Registered Ager	nt			
the State	e of Florida. RE: Electronic	Signature of Registered Ager RS: lete	nt		Date	
the State IGNATUI FFICER: tle: ame: ddress:	e of Florida. RE: Electronic : S AND DIRECTO P () De MAGEE, JOHN P.O. BOX 1347	Signature of Registered Ager RS: lete lete TIE A	ADDITION Title: Name: Address:		Date ES TO OFFICERS AND DIR	
FFICER: cle: dress: dress: dress: dress: dress: dress: dress:	Electronic S S AND DIRECTO P () De MAGEE, JOHN P.O. BOX 1347 DESTIN, FL 32550 SEC () De AZZARELLO, DOT 912 SHORE DRIVE	Signature of Registered Ager RS: lete lete TIE A Hete lete lete	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:		Date ES TO OFFICERS AND DIR () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: DOTTIE AZZARELLO SEC 05/15/2006