


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N33785	
1. Entity Name HOLIDAY SHORES ESTATES ASSOCIATION, INC.	

Principal Place of Business P.O. BOX 6453 MIRAMAR BEACH, FL 32550	Mailing Address P.O. BOX 6453 MIRAMAR BEACH, FL 32550
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DO NOT WRITE IN THIS SPACE



09042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2987123	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**AZZARELLO, DOTTIE
P.O. BOX 6453
MIRAMAR BEACH, FL 32550**

**DO NOT WRITE
IN THIS SPACE**

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.

NO Changes SIGNATURE *Dottie Azzearello* SECRETARY DATE *9/5/07*

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 September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAGEE, JOHN P.O. BOX 1347 DESTIN, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC AZZARELLO, DOTTIE A 912 SHORE DRIVE DESTIN, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SNOW, JANET 980 SHORE DR DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, JOE 793 SHORE DRIVE DESTIN, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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09/13/07-80003-021 61.25

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: *Dottie Azzearello* SECRETARY DATE *9/5/07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #