

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33785

FILED  
Sep 01, 2008  
Secretary of State

**Entity Name:** HOLIDAY SHORES ESTATES ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 6453  
MIRAMAR BEACH, FL 32550

**New Principal Place of Business:**

912 SHORE DRIVE  
MIRAMAR BEACH, FL 32550

**Current Mailing Address:**

P.O. BOX 6453  
MIRAMAR BEACH, FL 32550

**New Mailing Address:**

**FEI Number:** 59-2987123      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

AZZARELLO, DOTTIE  
912 SHORE DRIVE  
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: \_\_\_\_\_

09/01/2008

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

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

Title: D      ( ) Delete  
Name: PORTER, JOE  
Address: 793 SHORE DRIVE  
City-St-Zip: DESTIN, FL 32550

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

Title: P      (X) Change ( ) Addition  
Name: MAGEE, JOHN  
Address: FOREST SHORE DRIVE  
City-St-Zip: DESTIN, FL 32550

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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

09/01/2008

Electronic Signature of Signing Officer or Director

Date