

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90781 047 ****61.25

DOCUMENT # N33785

1. Entity Name

HOLIDAY SHORES ESTATES ASSOCIATION, INC.



Principal Place of Business

**10221 EMERALD COAST PKWAY W
23
DESTIN FL 32550**

Mailing Address

**10221 EMERALD COAST PKWAY W
23
DESTIN FL 32550**

10030604



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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

**EMERALD COAST ASSOCIATION MGT.
ATTN. JAY GELDER 10221 HWY WEST
SUITE 23
DESTIN FL 32550**

The Post Office changed our
physical address to
**10221 Emerald Coast Pkwy, W
Suite 23
Destin, FL 32550**

3)

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its re-
the obligations of registered agent.

I am familiar with, and accept

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **MAGEE, JOHN**
STREET ADDRESS **P.O. BOX 1347**
CITY-ST-ZIP **DESTIN FL 32550**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ZARARELLO, DOTTIE A**
STREET ADDRESS **912 SHORE DRIVE**
CITY-ST-ZIP **DESTINE FL 32550**

TITLE ☒ Change ☐ Addition
NAME **Azzarello**
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☐ Delete
NAME **SNOW, JANET**
STREET ADDRESS **980 SHORE DR**
CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **HAMMOND, DEMPSEY JR**
STREET ADDRESS **854 SHORE DRIVE**
CITY-ST-ZIP **DESTIN FL 32550**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BAUGHMAN, JIM**
STREET ADDRESS **832 TARPON DR.**
CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DOCHERTY, DAVE**
STREET ADDRESS **220 SHORE DRIVE**
CITY-ST-ZIP **DESTINE FL 32550**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED** PRESIDENT

1-26-03 860 654 2030

CR2E037 (10/02)