

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # N95000003737

1. Entity Name
HOLIDAY HARBOR HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
1734 QUESTAR LANE
SARASOTA, FL 34231-5326 US

Mailing Address
1734 QUESTAR LANE
SARASOTA, FL 34231-5326 US



02052008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0600455

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

LOBECK, DANIEL J ESQUIRE
2033 MAIN ST
STE 403
SARASOTA, FL 34237

**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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000851099
03/25/08-80025-002 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME STEPEK, JEFFREY
STREET ADDRESS 1734 QUESTAR LANE
CITY-ST-ZIP SARASOTA, FL 34231

TITLE D
NAME BALLINGER, DIANE
STREET ADDRESS 7741 HOLIDAY DRIVE
CITY-ST-ZIP SARASOTA, FL 34231

TITLE TSD
NAME STEPEK, SUZANNE
STREET ADDRESS 1734 QUESTAR LANE
CITY-ST-ZIP SARASOTA, FL 34231

TITLE DCV
NAME PADAR, STEPHEN
STREET ADDRESS 1800 TOWHEE LANE
CITY-ST-ZIP SARASOTA, FL 34231

TITLE D
NAME HALL, KEVIN
STREET ADDRESS 7828 HOLIDAY DRIVE
CITY-ST-ZIP SARASOTA, FL 34231

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Suzanne M. Stepek* **SUZANNE M. STEPEK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-08 941-921-5979

Date

Daytime Phone #