

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90017 046 ****61.25

DOCUMENT # N97000006009					
1. Entity Name HOLIDAY PLAZA OWNERS ASSOCIATION INC.					
Principal Place of Business 12273 US HWY 98 W DESTIN, FL 32550 US			Mailing Address C/O SUNCOAST ASSOCIATION MGMT 12273 U.S. HWY 98 SUITE 208 DESTIN, FL 32550 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. <div style="text-align: center; font-size: 1.2em;">208</div>		Suite, Apt. #, etc.		01092006 Chg-NP CR2E037 (11/05)	
City & State		City & State		4. FEI Number 59-3477888	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCOTT, WALTER D 12273 U.S. HWY 98 SUITE 208 DESTIN, FL 32541				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL 32550</div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	D ORR, CHARLOTTE 64 LANDS END DRIVE DESTIN, FL 32541			TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Saverio Jacovelli P.O. Box 6369 Miramar Beach, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, TINA 12273 U.S. HWY 98 SUITE 102 DESTIN, FL 32541			TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Bill Bales 140 Indian Bayou Destin, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DAVID, RAYMOND 1467 OAKMONT PLACE SHALIMAR, FL 32579			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jon Kozek P.O. Box 6697 Destin, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JACOVELLI, SAVERIO P.O. BOX 6369 MIRAMAR BEACH, FL 32550			TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <i>John R. Anderson</i>				2.24.06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	