

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90054 048 ****61.25

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1. Entity Name
HOLIDAY PLAZA OWNERS ASSOCIATION INC.



Principal Place of Business
12273 US HWY 98 W
SUITE 208
DESTIN, FL 32550 US

Mailing Address
C/O SUNCOAST ASSOCIATION MGMT
12273 U.S. HWY 98 SUITE 208
DESTIN, FL 32550 US

40006611



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3477888

Applied For
Not Applicable

Zip

Country

Zip

Country

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

STARNES, JIM
12273 U.S. HWY 98
SUITE 208
DESTIN, FL 32550

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME ORR, CHARLOTTE
STREET ADDRESS 886 GOLDEN AVE.
CITY-ST-ZIP DAHLONEGA, GA 30533

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

TITLE PD ☐ Delete
NAME ANDERSON, TINA
STREET ADDRESS 12273 U.S. HWY 98 SUITE 102
CITY-ST-ZIP DESTIN, FL 32541

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

TITLE VD ☐ Delete
NAME JACOVELLI, SAVERIO
STREET ADDRESS P.O. BOX 6369
CITY-ST-ZIP MIRAMAR BEACH, FL 32550

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

TITLE ST ☒ Delete
NAME BALES, BILL
STREET ADDRESS 140 INDIAN BAYOU
CITY-ST-ZIP DESTIN, FL 32541

TITLE ☒ Change ☐ Addition
NAME Secretary/Treasurer
STREET ADDRESS Les Porterfield
CITY-ST-ZIP 12273 US Hwy 98, Suite 115
Destin, FL 32550

TITLE D ☐ Delete
NAME KAZEK, JON
STREET ADDRESS PO BOX 6697
CITY-ST-ZIP DESTIN, FL 32541

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

Tina R. Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-08