

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006009

FILED
Feb 12, 2009
Secretary of State

Entity Name: HOLIDAY PLAZA OWNERS ASSOCIATION INC.

Current Principal Place of Business:

12273 US HWY 98 W
SUITE 208
DESTIN, FL 32550 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3477888

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

LEIRER, WALT
12273 U.S. HWY 98
SUITE 208
DESTIN, 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: WALT LEIRER

02/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ORR, CHARLOTTE
Address: 886 GOLDEN AVE.
City-St-Zip: DAHLONEGA, GA 30533

Title: PD () Delete
Name: ANDERSON, TINA
Address: 12273 U.S. HWY 98 SUITE 102
City-St-Zip: DESTIN, FL 32541

Title: VD () Delete
Name: JACOVELLI, SAVERIO
Address: P.O. BOX 6369
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: ST () Delete
Name: PORTERFIELD, LES
Address: 12273 US HWY 98, SUITE 115
City-St-Zip: DESTIN, FL 32550

Title: D () Delete
Name: KAZEK, JON
Address: PO BOX 6697
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: LES NICHOLS

CAM

02/12/2009

Electronic Signature of Signing Officer or Director

Date