

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000004787

1. Entity Name
HOLIDAY PARK CABLE CORPORATION



Principal Place of Business
**5401 HOLIDAY PARK BLVD
NORTH PORT, FL 34287**

Mailing Address
**5401 HOLIDAY PARK BLVD
NORTH PORT, FL 34287**



01082004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0866469

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DOMBER, HARLAN R
3900 CLARK ROAD, STE L-1
SARASOTA, FL 34233**

**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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MCGARY, NEIL W
STREET ADDRESS 5740 HOLIDAY PARK BLVD
CITY-ST-ZIP NORTH PORT, FL 34287

TITLE VD
NAME D'ARGENIO, ANTHONY
STREET ADDRESS 6902 APOPO COURT
CITY-ST-ZIP NORTH PORT, FL 34287

TITLE SD
NAME HECKMAN, GEORGE
STREET ADDRESS 6486 KEENA COURT
CITY-ST-ZIP NORTH PORT, FL 34287

TITLE TD
NAME EALAHAN, WILLIAM
STREET ADDRESS 5130 PALENA BLVD
CITY-ST-ZIP NORTH PORT, FL 34287

TITLE D
NAME HOLLISTER, SALLY
STREET ADDRESS 6500 CENTER LANE
CITY-ST-ZIP NORTH PORT, FL 34287

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000016316
01/28/04-80051-005 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/04