2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2010
Secretary of State

DOCUMENT# N98000004787

Entity Name: HOLIDAY PARK CABLE CORPORATION

Current Principal Place of Business:

5401 HOLIDAY PARK BLVD
NORTH PORT, FL 34287

New Principal Place of Business:

Current Mailing Address:

5401 HOLIDAY PARK BLVD
NORTH PORT, FL 34287

New Mailing Address:

FEI Number: 65-0866469 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: MCGARY, NEIL W
Address: 5740 HOLIDAY PARK BLVD
City-St-Zip: NORTH PORT, FL 34287

Title: SD
Name: HECKMAN, GEORGE
Address: 6486 KEENA COURT
City-St-Zip: NORTH PORT, FL 34287

Title: TD
Name: EALAHAN, WILLIAM
Address: 5130 PALENA BLVD
City-St-Zip: NORTH PORT, FL 34287

Title: VP D
Name: TOOMEY, MARGARET
Address: 6955 AWAWA CT
City-St-Zip: NORTH PORT, FL 34287

Title: D
Name: HART, BETTY
Address: 5094 PALENA BLVD
City-St-Zip: NORTH PORT, FL 34287

Title: D
Name: BATES, WESTBROOK
Address: 5095 PALENA BLVD.
City-St-Zip: NORTH PORT, FL 34287

I hereby 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 all other like empowered.

SIGNATURE: NEIL MCGARY PD 01/06/2010

Electronic Signature of Signing Officer or Director Date