

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004787

FILED  
Mar 07, 2011  
Secretary of State

**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: D  
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: P,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: BETTY HART

P

03/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date