

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90173 009 ****61.25

DOCUMENT # N98000006396 1. Entity Name HOLIDAY ESTATES I & II HOMEOWNERS CORPORATION					
Principal Place of Business 1445 SEAGULL DRIVE ENGLEWOOD, FL 34224			Mailing Address 1445 SEAGULL DRIVE ENGLEWOOD, FL 34224 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DUNKIN, DAVID A 170 WEST DEARBORN STREET ENGLEWOOD, FL 34224				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 restoring)					
Filing Fee is \$61.25 Due by May 1, 2005		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	P	☒ Delete	TITLE	P	☐ Change ☒ Addition
NAME	JUDKINS, JIM		NAME	HENLEY, LILLIAN	
STREET ADDRESS	1296 KINGFISHER DR		STREET ADDRESS	1334 IBIS DRIVE	
CITY-ST-ZIP	ENGLEWOOD, FL 34224		CITY-ST-ZIP	ENGLEWOOD, FL 34224	
TITLE	S	☒ Delete	TITLE	S	☐ Change ☒ Addition
NAME	GRAHAM, COLLEEN		NAME	MULHOLLAND, PATRICIA	
STREET ADDRESS	1274 IBIS DR		STREET ADDRESS	1284 IBIS DRIVE	
CITY-ST-ZIP	ENGLEWOOD, FL 34224		CITY-ST-ZIP	ENGLEWOOD, FL 34224	
TITLE	T	☒ Delete	TITLE	T	☐ Change ☒ Addition
NAME	POYER, SUE		NAME	HENRIKSON, NANCY	
STREET ADDRESS	1343 SEAGULL DRIVE		STREET ADDRESS	1433 KINGFISHER DRIVE	
CITY-ST-ZIP	ENGLEWOOD, FL 34224		CITY-ST-ZIP	ENGLEWOOD, FL 34224	
TITLE	V	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	NESBITT, BOB		NAME	PUTMAN, GARY	
STREET ADDRESS	1409 KINGFISHER DR		STREET ADDRESS	1413 SEAGULL DRIVE	
CITY-ST-ZIP	ENGLEWOOD, FL 34224		CITY-ST-ZIP	ENGLEWOOD, FL 34224	
TITLE	D	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	DIFALCO, AL		NAME	LAMROCK, DALE	
STREET ADDRESS	1189 KINGFISHER DRIVE		STREET ADDRESS	1287 IBIS DRIVE	
CITY-ST-ZIP	ENGLEWOOD, FL 34224		CITY-ST-ZIP	ENGLEWOOD, FL 34224	
TITLE	D	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	LITTLEFIELD, EVELYN		NAME	ANDERSON, NORMA JEAN	
STREET ADDRESS	1402 FLAMINGO DRIVE		STREET ADDRESS	1422 IBIS DRIVE	
CITY-ST-ZIP	ENGLEWOOD, FL 34224		CITY-ST-ZIP	ENGLEWOOD, FL 34224	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Patricia Mulholland</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					