

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90251 040 ****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**

40039235



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03032006

Chg-NP

CR2E037 (11/05)

City & State

City & State

4. FEI Number
65-0888706

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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
NAME **HENLEY, LILLIAN**
STREET ADDRESS **1334 IBIS DRIVE**
CITY-ST-ZIP **ENGLEWOOD, FL 34224**

TITLE **P** ☒ Change ☐ Addition
NAME **Richard Harbour**
STREET ADDRESS **1435 Flamingo Dr.**
CITY-ST-ZIP **Englewood FL 34224**

TITLE **S** ☒ Delete
NAME **MULHOLLAND, PATRICIA**
STREET ADDRESS **1284 IBIS DRIVE**
CITY-ST-ZIP **ENGLEWOOD, FL 34224**

TITLE **S** ☒ Change ☐ Addition
NAME **JACKIE Fleming**
STREET ADDRESS **1300 Kingfisher Dr**
CITY-ST-ZIP **Englewood FL 34224**

TITLE **T** ☐ Delete
NAME **HENDRIKSON, NANCY**
STREET ADDRESS **1433 KINGFISHER DRIVE**
CITY-ST-ZIP **ENGLEWOOD, FL 34224**

TITLE **T** ☐ Change ☐ Addition
NAME **SUE POYER**
STREET ADDRESS **1343 Seagull Dr.**
CITY-ST-ZIP **Englewood FL 34224**

TITLE **V** ☒ Delete
NAME **NESBITT, BOB**
STREET ADDRESS **1409 KINGFISHER DR**
CITY-ST-ZIP **ENGLEWOOD, FL 34224**

TITLE **V** ☒ Change ☐ Addition
NAME **GARY PUTMAN**
STREET ADDRESS **1413 Seagull Dr**
CITY-ST-ZIP **Englewood FL 34224**

TITLE **D** ☐ Delete
NAME **PUTMAN, DALE**
STREET ADDRESS **1413 SEAGULL DRIVE**
CITY-ST-ZIP **ENGLEWOOD, FL 34224**

TITLE **D** ☐ Change ☐ Addition
NAME **D. NANCY Hendrikson**
STREET ADDRESS **1433 Kingfisher Dr**
CITY-ST-ZIP **Englewood, FL 34224**

TITLE **D** ☒ Delete
NAME **LAMROCK, DALE**
STREET ADDRESS **1287 IBIS DRIVE**
CITY-ST-ZIP **ENGLEWOOD, FL 34224**

TITLE **D** ☒ Change ☐ Addition
NAME **D. JACQUES Boudreau**
STREET ADDRESS **1409 IBIS**
CITY-ST-ZIP **Englewood, FL 34224**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **Sue C. Poyer** **SUE POYER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-06 **941 4739596**
Date Daytime Phone #