


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90028 023 \*\*\*\*61.25

<b>DOCUMENT # N98000006396</b>	
1. Entity Name	
HOLIDAY ESTATES I & II HOMEOWNERS CORPORATION	

Principal Place of Business	Mailing Address
1445 SEAGULL DRIVE ENGLEWOOD FL 34224	1445 SEAGULL DRIVE ENGLEWOOD FL 34224 US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For
65-0888706	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent	
DUNKIN, DAVID A 170 WEST DEARBORN STREET ENGLEWOOD FL 34224	

7. Name and Address of New Registered Agent	
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	P HARBOUR, RICHARD
STREET ADDRESS	1435 FLAMINGO DR
CITY-ST-ZIP	ENGLEWOOD FL 34224
TITLE	<input type="checkbox"/> Delete
NAME	S FLEMING, JACKIE
STREET ADDRESS	1300 KINGFISHER DR
CITY-ST-ZIP	ENGLEWOOD FL 34224
TITLE	<input type="checkbox"/> Delete
NAME	T HENDRIKSON, NANCY
STREET ADDRESS	1433 KINGFISHER DRIVE
CITY-ST-ZIP	ENGLEWOOD FL 34224
TITLE	<input type="checkbox"/> Delete
NAME	V PUTNAM, GARY
STREET ADDRESS	1413 SEAGULL DR
CITY-ST-ZIP	ENGLEWOOD FL 34224
TITLE	<input checked="" type="checkbox"/> Delete
NAME	D PUTMAN, DALE
STREET ADDRESS	1413 SEAGULL DRIVE
CITY-ST-ZIP	ENGLEWOOD FL 34224
TITLE	<input type="checkbox"/> Delete
NAME	D BOUDREAU, JACQUES
STREET ADDRESS	1409 IBIS
CITY-ST-ZIP	ENGLEWOOD FL 34224

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D FLEMING, JACKIE
STREET ADDRESS	1300 KINGFISHER DRIVE
CITY-ST-ZIP	ENGLEWOOD, FL 34224
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T HENRIKSON, NANCY
STREET ADDRESS	1433 KINGFISHER DRIVE
CITY-ST-ZIP	ENGLEWOOD, FL 34224
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S GRAHAM, COLLEEN
STREET ADDRESS	1274 IBIS DRIVE
CITY-ST-ZIP	ENGLEWOOD, FL 34224
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *Richard Harbour* 3-19-07 941-474-0887