


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2008 08:00 A
Secretary of State

DOCUMENT # N98000006396 1. Entity Name HOLIDAY ESTATES I & II HOMEOWNERS CORPORATION	
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Principal Place of Business 1445 SEAGULL DRIVE ENGLEWOOD, FL 34224	Mailing Address 1445 SEAGULL DRIVE ENGLEWOOD, FL 34224 US
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DO NOT WRITE IN THIS SPACE



03102008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

**DUNKIN, DAVID A
170 WEST DEARBORN STREET
ENGLEWOOD, FL 34224**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARBOUR, RICHARD 1435 FLAMINGO DR ENGLEWOOD, FL 34224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLEMING, JACKIE 1300 KINGFISHER DR ENGLEWOOD, FL 34224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HENRIKSON, NANCY 1433 KINGFISHER DRIVE ENGLEWOOD, FL 34224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PUTNAM, GARY 1413 SEAGULL DR ENGLEWOOD, FL 34224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRAHAM, COLLEEN 1274 IBIS DRIVE ENGLEWOOD, FL 34224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOUDREAU, JACQUES 1409 IBIS ENGLEWOOD, FL 34224

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04/01/08-80047-021 61.25

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IN THIS SPACE**

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: Richard Harbour **Richard Harbour** 3-11-08 (941) 474-5887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #