2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2011
Secretary of State

DOCUMENT# N98000006396

Entity Name: HOLIDAY ESTATES I & II HOMEOWNERS CORPORATION

Current Principal Place of Business:

1445 SEAGULL DRIVE
ENGLEWOOD, FL 34224

New Principal Place of Business:

Current Mailing Address:

1445 SEAGULL DRIVE
ENGLEWOOD, FL 34224 US

New Mailing Address:

FEI Number: 65-0888706 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUNKIN, DAVID A
170 WEST DEARBORN STREET
ENGLEWOOD, FL 34224 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: P
Name: SCHOFIELD, GARY
Address: 1383 FLAMINGO DRIVE
City-St-Zip: ENGLEWOOD, FL 34224

Title: V/S
Name: JORDAN, JAN
Address: 1361 KINGFISHER DR
City-St-Zip: ENGLEWOOD, FL 34224

Title: T
Name: OLIVER, SHARON
Address: 1309 IBIS DRIVE
City-St-Zip: ENGLEWOOD, FL 34224

Title: D
Name: LESTER, JOHN
Address: 1228 SEAHORSE
City-St-Zip: ENGLEWOOD, FL 34224

Title: D
Name: NELSON, PAT
Address: 1437 IBIS DRIVE
City-St-Zip: ENGLEWOOD, FL 34224

Title: D
Name: HAYDEN, KAM
Address: 1332 SEAGULL
City-St-Zip: ENGLEWOOD, FL 34224

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: SHARON OLIVER T 01/31/2011

Electronic Signature of Signing Officer or Director — Date