

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90087 023 ****61.25

DOCUMENT # N99000002595	
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1. Entity Name
HOLIDAY TRAVEL PARK WOOD CARVERS, INC.

Principal Place of Business
4699 CONTINENTAL DRIVE
LOT #523
HOLIDAY, FL 34690

Mailing Address
4699 CONTINENTAL DRIVE
LOT #523
HOLIDAY, FL 34690



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03142007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3586109

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

JACOBS, RICHARD
4699 CONTINENTAL DR
LOT #86
HOLIDAY, FL 34690

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

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, 2007

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

TITLE	P	☐ Delete
NAME	HIEKE, GUENTER	
STREET ADDRESS	3330 CHERRY HILL CT.	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	

TITLE	VP	☒ Delete
NAME	ELLIOT, HOWARD	
STREET ADDRESS	4699 CONTINENTAL DR., LOT #247	
CITY-ST-ZIP	HOLIDAY, FL 34690	

TITLE	T	☐ Delete
NAME	DAVIS, JOHN	
STREET ADDRESS	2510 LKAE HAVEN DR	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	

TITLE	S	☐ Delete
NAME	JACOBS, DICK	
STREET ADDRESS	4699 CONTINENTAL DR. LOT 86	
CITY-ST-ZIP	HOLIDAY, FL 34690	

TITLE	D	☐ Delete
NAME	STEINER, CHARLES	
STREET ADDRESS	4699 CONTINENTAL DR., LOT #480	
CITY-ST-ZIP	HOLIDAY, FL 34690	

TITLE	D	☒ Delete
NAME	MCLEOD, KEN	
STREET ADDRESS	4699 CONTINENTAL DR., LOT #72	
CITY-ST-ZIP	HOLIDAY, FL 34690	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	☐ Change ☒ Addition
NAME	THOMPSON, TOM	
STREET ADDRESS	4699 Continental Dr. Lot 510	
CITY-ST-ZIP	Holiday, FL 34690	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	☐ Change ☒ Addition
NAME	ROY, ED	
STREET ADDRESS	3951 Lighthouse Way	
CITY-ST-ZIP	New Port Richey, FL 34652	

TITLE	D	☐ Change ☒ Addition
NAME	ZANVOTTA, ANTHONY	
STREET ADDRESS	2012 Gold Dust Ct.	
CITY-ST-ZIP	Trinity, FL 34655	

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: John F. Davis John F. Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/07 (727) 834-8820

Date

Daytime Phone #