

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000010464

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: HOLIDAY MANOR COMMUNITY WATER SYSTEM, INC.

**Current Principal Place of Business:**

341 EDNA HOLLIDAY DR  
HAINES CITY, FL 33844

**New Principal Place of Business:**

**Current Mailing Address:**

575 FRED GAMBLE WAY  
ORMOND BEACH, FL 32174

**New Mailing Address:**

FEI Number: 65-1175523      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARTIN, BENJAMIN T  
575 FRED GAMBLE WAY  
ORMOND BEACH, FL 32174      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: MARTIN, BENJAMIN  
Address: 341 EDNA HOLIDAY CT  
City-St-Zip: HAINES CITY, FL 33844

Title: PD      ( ) Delete  
Name: PAYNE, NATALIE M  
Address: 341 EDNA HOLIDAY CT  
City-St-Zip: HAINES CITY, FL 33844

Title: STD      ( ) Delete  
Name: MARTIN, MELANIE  
Address: 341 EDNA HOLIDAY CT  
City-St-Zip: HAINES CITY, FL 33844

Title: D      ( ) Delete  
Name: MARTIN, ROMERO  
Address: 341 EDNA HOLIDAY CT  
City-St-Zip: HAINES CITY, FL 33844

Title: D      ( ) Delete  
Name: MARTIN, JEREMY  
Address: 341 EDNA HOLIDAY CT  
City-St-Zip: HAINES CITY, FL 33844

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELANIE MARTIN

STD

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date