

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727616

Entity Name: HOLIDAY SPRINGS VILLAGE CONDOMINIUM, INC. NO. 4**Current Principal Place of Business:**3251 HOLIDAY SPR. BLVD.
MARGATE, FL 33063**Current Mailing Address:**A-1`PROPERTY MANAGEMENT SOLUTIONS
7501 WEST OAKLAND PARK BLVD #201
LAUDERHILL, FL 33319 US**FEI Number:** 59-1537315**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VALANCY & REED, P.A.
310 SE 13 STREET
FORT LAUDERDALE, FL 33316 US*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**Officer/Director Detail :**

Title	PRESIDENT
Name	CODLING, JANETT
Address	3251 HOLIDAY SPRINGS BLVD #107
City-State-Zip:	MARGATE FL 33063

Title	VP
Name	LEVINE , ALAN
Address	3261 HOLIDAY SPRINGS BLVD #102
City-State-Zip:	MARGATE FL 33063

Title	DIRECTOR
Name	LAURO, PETER
Address	3251 HOLIDAY SPRINGS BLVD #308
City-State-Zip:	MARGATE FL 33063

Title	D
Name	AUGUSTUS, HELEN
Address	3251 HOLIDAY SPRINGS BLVD #103
City-State-Zip:	MARGATE FL 33063

Title	DIRECTOR
Name	STONE, MICHELLE
Address	3251 HOLIDAY SPRINGS BLVD #402
City-State-Zip:	MARGATE FL 33063

Title	VP
Name	RICHARDSON , DONNA
Address	3251 HOLIDAY SPRINGS BLVD #103
City-State-Zip:	MARGATE FL 33063

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: CODLING , JANETT**PRESIDENT****03/05/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date