

**FILE NOW: FILING FEE AFTER MAY 1 IS \$165.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 20 PM 12:13

DOCUMENT # **N36566** (0)

1. Corporation Name

**HOLIDAY MOBILE HOME PARK ASSOCIATION, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

% G.W. FREEMAN  
P. O. BOX 591  
LAKELAND FL 33802-0591  
US

% G.W. FREEMAN  
P. O. BOX 591  
LAKELAND FL 33802-0591  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1990

3a. Date of Last Report

04/20/1994

4. FEI Number

59-2993357

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

Country

29

Country

30

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

\$68.75 Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FREEMAN, G W  
157 D STREET  
LAKELAND FL 33801

81 Name

G. W. Freeman

82 Street Address (P.O. Box Number is Not Acceptable)

53 D St.

83

84 City

Lakeland

FL

85 Zip Code  
33801

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE G. W. Freeman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BOONE, HUGH
STREET ADDRESS	5 A ST.
CITY - ST - ZIP	LAKELAND FL 33801
TITLE	DPT
NAME	FREEMAN, G. W
STREET ADDRESS	157 D ST
CITY - ST - ZIP	LAKELAND FL
TITLE	D
NAME	BELL, DOUGLAS
STREET ADDRESS	14 B ST.
CITY - ST - ZIP	LAKELAND FL 33801
TITLE	VD
NAME	CARPENTER, MILDRED
STREET ADDRESS	65 E. ST.
CITY - ST - ZIP	LAKELAND FL 33801
TITLE	D
NAME	NICHOLS, MELVIN
STREET ADDRESS	201 2ND AVE.
CITY - ST - ZIP	LAKELAND FL 33801
TITLE	DS
NAME	STROUD, JAMES
STREET ADDRESS	121 B ST.
CITY - ST - ZIP	LAKELAND FL 33801

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	James Wright	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		101 A ST.	
1.3 STREET ADDRESS		Lakeland, FL 33801	
1.4 CITY - ST - ZIP			
2.1 TITLE	D	John Ramsey	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		9 A ST	
2.3 STREET ADDRESS		Lakeland, FL 33801	
2.4 CITY - ST - ZIP			
3.1 TITLE	D	Helen Johnson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		123 B ST	
3.3 STREET ADDRESS		Lakeland, FL 33801	
3.4 CITY - ST - ZIP			
4.1 TITLE	D	Marion Jamieson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		158 D ST.	
4.3 STREET ADDRESS		Lakeland, FL 33801	
4.4 CITY - ST - ZIP			
5.1 TITLE	D	Alvin Cripe	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		112 A ST.	
5.3 STREET ADDRESS		Lakeland, FL 33801	
5.4 CITY - ST - ZIP			
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

G. W. Freeman Pr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/95  
Date

813-683-6676  
Daytime Phone #