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Mar 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N36566 (0)

1. Corporation Name  
HOLIDAY MOBILE HOME PARK ASSOCIATION, INC.



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  
*ALBERT E. WHITE*

3. Date Incorporated or Qualified 02/05/1990  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business  
21 [ ] 2a. Mailing Address  
22 Suite, Apt. #, etc. 26 190 F St  
23 City & State 27 City & State  
24 Zip 25 Country 28 LAKE LAND FL  
29 33815 30 Country

4. FEI Number 59-2993357 Applied For Not Applicable  
5. Certificate of Status Desired [ ] \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution [ ] \$5.00 May Be Added to Fees  
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  
53 D ST  
LAKELAND FL 33801

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LAWSON, PETER	
STREET ADDRESS	40 D ST	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAMSEY, JOHN	
STREET ADDRESS	9 A ST	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRIFE, ALVIN	
STREET ADDRESS	112 A ST.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	STROUD, JAMES	
STREET ADDRESS	121 B ST.	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Albert E White	
1.3 STREET ADDRESS	190 F St	
1.4 CITY-ST-ZIP	Lakeland Fl 33815	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Albert E White* 03/11/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0052519

CR2E037 (9/96)