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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N36566

1. Corporation Name

HOLIDAY MOBILE HOME PARK ASSOCIATION, INC.

Principal Place of Business

45 D ST
 LAKELAND FL 33815
 US

Mailing Address

190 F ST
 P. O. BOX 591
 LAKELAND FL 33815
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	4141 New Tampa Ny	26	Box 591	02/05/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2993357	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Lakeland Fl		Lakeland F		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution	
24	33815 Polk	29	33802-0591	30	Polk

9. Name and Address of Current Registered Agent

FREEMAN, G. W
 53 D ST
 LAKELAND FL 33801

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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: Jerry Freeman G. W. Freeman DATE: 1/14/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT <input type="checkbox"/> DELETE	1.1 TITLE	DP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENDER, CLARE	1.2 NAME	ALVIN CRIFE
STREET ADDRESS	450 D ST	1.3 STREET ADDRESS	133 C ST.
CITY-ST-ZIP	LAKELAND FL 33815	1.4 CITY-ST-ZIP	Lakeland FL 33815
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, ROGER	2.2 NAME	John Ramsay
STREET ADDRESS	143 C ST	2.3 STREET ADDRESS	9 A ST.
CITY-ST-ZIP	LAKELAND FL 33815	2.4 CITY-ST-ZIP	Lakeland FL 33815
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLERT, JUSTINE O.	3.2 NAME	Jerry Freeman
STREET ADDRESS	72 F ST	3.3 STREET ADDRESS	53 D ST.
CITY-ST-ZIP	LAKELAND FL 33815	3.4 CITY-ST-ZIP	Lakeland FL 33815
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, MILDRED	4.2 NAME	Don Hook
STREET ADDRESS	65 E ST	4.3 STREET ADDRESS	167 F ST.
CITY-ST-ZIP	LAKELAND FL 33815	4.4 CITY-ST-ZIP	Lakeland FL 33815
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	ACHBERGER, MEL	5.2 NAME	
STREET ADDRESS	205 2ND AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33815	5.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	Edith Buchanan	6.2 NAME	
STREET ADDRESS	85 F ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	Lakeland FL 33815	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: ALVIN CRIFE ALVIN CRIFE Pres. DATE: Jan 14, 1999 DAYTIME PHONE #: 941-680-3249

CR2E037 (11/98)