


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90437 011 ****61.25

DOCUMENT # N36566

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



Principal Place of Business
 4141 NEW TAMPA HWY
 LAKELAND, FL 33815 US

Mailing Address
 329 ALBION AVE
 LAKELAND, FL 33815 US


2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



03022006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2993357

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HULSIZER, DON
329 ALBION AVE
LAKELAND, FL 33815

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Donald L. Hulsizer 4/20/06
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BUSH, MABEL	
STREET ADDRESS	341 BALDWIN AVE	
CITY-ST-ZIP	LAKELAND, FL 33815	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOLFE, EUNICE	
STREET ADDRESS	314 ALBION AVE	
CITY-ST-ZIP	LAKELAND, FL 33815	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, RUTH	
STREET ADDRESS	307 ALBION AVE	
CITY-ST-ZIP	LAKELAND, FL 33815	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOHL, LOIS	
STREET ADDRESS	417 COBALT AVE	
CITY-ST-ZIP	LAKELAND, FL 33815	
TITLE	S	<input type="checkbox"/> Delete
NAME	SMITH, JIM	
STREET ADDRESS	621 AMERICAN WAY	
CITY-ST-ZIP	LAKELAND, FL 33815	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BENDER, CLARE	
STREET ADDRESS	474 HOLIDAY BLVD	
CITY-ST-ZIP	LAKELAND, FL 33815	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	B.W. Sutphin (J.R.)	
STREET ADDRESS	372 Baldwin Ave	
CITY-ST-ZIP	Lakeland, FL. 33815	
TITLE	VP D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Hendfield	
STREET ADDRESS	571 Falcon Ave	
CITY-ST-ZIP	Lakeland FL, 33815	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Don Davis	
STREET ADDRESS	562 Falcon Ave	
CITY-ST-ZIP	Lakeland FL, 33815	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Liane Black	
STREET ADDRESS	505 Empire Ave	
CITY-ST-ZIP	Lakeland FL, 33815	
TITLE	PO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Virginia Hook	
STREET ADDRESS	550 Falcon Ave	
CITY-ST-ZIP	Lakeland FL, 33815	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: B.W. Sutphin B.W. SUTPHIN 3-21-06 863-616-9979
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #