

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90045 033 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

HULSIZER, DON
 329 ALBION AVE
 LAKELAND FL 33815

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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	NAME	STREET ADDRESS	CITY-STATE-ZIP	Delete
PD	SUTPHIN, BW JR	372 BALDWIN AVE	LAKELAND FL 33815	<input type="checkbox"/>
D	WOLFE, EUNICE	314 ALBION AVE	LAKELAND FL 33815	<input checked="" type="checkbox"/>
D	DAVIS, DON	562 FALCON AVE	LAKELAND FL 33815	<input type="checkbox"/>
D	GOHL, LOIS	417 COBALT AVE	LAKELAND FL 33815	<input type="checkbox"/>
D	SMITH, JIM	621 AMERICAN WAY	LAKELAND FL 33815	<input type="checkbox"/>
TD	BENDER, CLARE	474 HOLIDAY BLVD	LAKELAND FL 33815	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	Change	Addition
VPD	George Handfield	571 FALCON AVE	LAKELAND FL. 33815	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Lizane Black	505 EMPIRE AVE	LAKELAND FL. 33815	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	VIRGINIA HOOK	550 EMPIRE AVE FALCON AVE	LAKELAND FL. 33815	<input type="checkbox"/>	<input type="checkbox"/>
ES SO	Maryann Tvedway	503 EMPIRE AVE	LAKELAND FL. 33815	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE: B. W. Sutphin JR B.W. SUTPHIN 2-20-07 863-616-9979
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 PRESIDENT