


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90236 019 ****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
**8 A STREET
LAKELAND FL 33815
US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



CHECK HERE IF MAKING CHANGES

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
8 A STREET
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 Don Hulsizer *Don Hulsizer* **Feb. 17, 2003**
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

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 type="checkbox"/> Delete
NAME	BUSH, MABEL	
STREET ADDRESS	132 B STREET	
CITY-ST-ZIP	LAKELAND FL 33815	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CRIFE, ALVIN D	
STREET ADDRESS	133 C STREET	
CITY-ST-ZIP	LAKELAND FL 33815	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BUCHANAN, EDITH	
STREET ADDRESS	85 F ST	
CITY-ST-ZIP	LAKELAND FL 33815	
TITLE	D VP	<input type="checkbox"/> Delete
NAME	BISHOP, CARL	
STREET ADDRESS	7 A STREET	
CITY-ST-ZIP	LAKELAND FL 33815	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HANDFIELD, GEORGE	
STREET ADDRESS	86 F STREET	
CITY-ST-ZIP	LAKELAND FL 33815	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BENDER, CLARE	
STREET ADDRESS	45 D STREET	
CITY-ST-ZIP	LAKELAND FL 33815	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John MacArthur	
STREET ADDRESS	153 D St.	
CITY-ST-ZIP	Lakeland FL 33815	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cooke, Ron	
STREET ADDRESS	155 D St.	
CITY-ST-ZIP	Lakeland FL 33815	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thompson, Ruth	
STREET ADDRESS	114 A St.	
CITY-ST-ZIP	Lakeland FL 33815	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ickes, Marie	
STREET ADDRESS	71 F St.	
CITY-ST-ZIP	Lakeland FL 33815	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wolfe, Eunice	
STREET ADDRESS	103 A St.	
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 exemption stated in Section 119.07(3)(i), 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: Edith Buchanan *Edith Buchanan* **2/17/03** **863-686-7151**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)