

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05881

**FILED**  
**Feb 12, 2013**  
**Secretary of State**  
**CC2209105259**

**Entity Name:** HOLIDAY VILLAGE HOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

HOLIDAY VILLAGE MOBILE HOME PARK  
1335 FLEMING AVENUE, #3  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

HOLIDAY VILLAGE MOBILE HOME PARK  
1335 FLEMING AVENUE, #3  
ORMOND BEACH, FL 32174 US

**FEI Number:** 59-2888504

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

TULLY, CONSTANCE VTD  
1335 FLEMING AVENUE LOT 146  
ORMOND BEACH, FL 32174 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name ROGERS, MARY  
Address 1335 FLEMING AVE LOT #49  
City-State-Zip: ORMOND BEACH FL 32174

Title TD  
Name TULLY, CONSTANCE V  
Address 1335 FLEMING AVE LOT#146  
City-State-Zip: ORMOND BEACH FL 32174

Title SC  
Name TULLY, DAVID  
Address 1335 FLEMING AVE LOT #293  
City-State-Zip: ORMOND BEACH FL 32174

Title VD  
Name BORDEN, DAVID  
Address 1335 FLEMING AVE LOT #292  
City-State-Zip: ORMOND BEACH FL 32174

Title D  
Name TIMOTHY, TULLY  
Address 1335 FLEMING AVE #146  
City-State-Zip: ORMOND BEACH FL 32174

Title D  
Name LOWDER, JACK  
Address 1335 FLEMING AVE #279  
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR  
Name BURNS, BELINDA  
Address 1335 FLEMING AVE LOT 290  
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR  
Name BARNES, ROY  
Address 1335 FLEMING AVE. LOT 101  
City-State-Zip: ORMOND BEACH FL 32174

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CONSTANCE V. TULLY

**TREASURER**

**02/12/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           MARTIN, JAMES  
Address        1335 FLEMING AVE LOT 150  
City-State-Zip: ORMOND BEACH FL 32174