## **2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05881

Entity Name: HOLIDAY VILLAGE HOME OWNERS ASSOCIATION, INC.

FILED Feb 13, 2021 Secretary of State 7619562801CC

# **Current Principal Place of Business:**

HOLIDAY VIILLAGE 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 V 1335 FLEMING AVE #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: CONSTANCE V. TULLY 02/13/2021

**Electronic Signature of Registered Agent** 

Date

## Officer/Director Detail:

 Title
 PRESIDENT
 Title
 SECRETARY

 Name
 MARTIN, JAMES
 Name
 BARNES, ROY

Address 1335 FLEMING AVE #150 Address 1335 FLEMING AVE LOT #101
City-State-Zip: ORMOND BEACH FL 32174 City-State-Zip: ORMOND BEACH FL 32174

Title SECRETARY Title TREASURER

NameWELLSPEAK, SUSANNameTULLY, CONSTANCE VAddress1335 FLEMING AVE #189Address1335 FLEMING AVE #146City-State-Zip:ORMOND BEACH FL 32174City-State-Zip:ORMOND BEACH FL 32174

Title DIRECTOR

Name ROGERS, MARY

Address 1335 FLEMING AVE #49

City-State-Zip: ORMOND BEACH FL 32174

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

**HOA TREASURER** 

02/13/2021