#### 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36566

Entity Name: HOLIDAY MOBILE HOME PARK ASSOCIATION, INC.

FILED
Mar 24, 2014
Secretary of State
CC4430589359

### **Current Principal Place of Business:**

4141 NEW TAMPA HWY LAKELAND, FL 33815

## **Current Mailing Address:**

4141 NEW TAMPA HWY LAKELAND, FL 33815 US

FEI Number: 59-2993357 Certificate of Status Desired: Yes

### Name and Address of Current Registered Agent:

THOMPSON, RUTH 436 COBALT AVE. LAKELAND, FL 33815 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 P	Title	;
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NameTHEURET, CLARENameROUSSELLE, JOANNEAddress512 EMPIRE AVE.Address466 HOLIDAY BLVDCity-State-Zip:LAKELAND FL 33815City-State-Zip:LAKELAND FL 33815

Title T Title VP

 Name
 GANO, KARL
 Name
 DAVISON, DONNA

 Address
 431 COLBALT
 Address
 303 ALBION AVE

 City-State-Zip:
 LAKELAND FL 33815
 City-State-Zip:
 LAKELAND FL 33815

DIRECTOR Title Title **DIRECTOR** Name MILLER, PAUL CLARKE, ERIC Name Address 560 FALCON AVE Address 452 HOLIDAY AVE City-State-Zip: LAKELAND FL 33815 City-State-Zip: LAKELAND FL 33815

Title DIRECTOR

Name REED, HELEN

Address 501 EMPIRE AVE

City-State-Zip: LAKELAND FL 33815

Title DIRECTOR

Name BEERS, PAULA

Address 574 FALCON AVE

LAKELAND FL 33815

## Continues on page 2

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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: KARL H GANO TREASURER 03/24/2014

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR

Name HANDFIELD, GEORGE

Address 571 FALCON AVE

City-State-Zip: LAKELAND FL 33815