

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36566

Entity Name: HOLIDAY MOBILE HOME PARK ASSOCIATION, INC.

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: No

Name and Address of Current Registered Agent:

HOLIDAY MOBILE HOME PARK ASSOCIATION, INC
541 FALCON 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: MICHAEL SKARAKIS

02/29/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name PINTO, MIKE
Address 506 EMPIRE AVE
City-State-Zip: LAKELAND FL 33815

Title PRESIDENT
Name SKARAKIS , MICHAEL
Address 541 FALCON AVE
City-State-Zip: LAKELAND FL 33815

Title DIRECTOR
Name JOEL, MILLER
Address 466 HOLIDAY BLVD
City-State-Zip: LAKELAND FL 33815

Title VP
Name RUBUCK, JAYNE
Address 307 ALBION AVENUE
City-State-Zip: LAKELAND FL 33815

Title SECRETARY
Name BURRIS , KATHY
Address 523 EMPIRE AVE
City-State-Zip: LAKELAND FL 33815

Title DIRECTOR
Name SARGENT, BOB
Address 512 EMPIRE AVENUE
City-State-Zip: LAKELAND FL 33815

Title DIRECTOR
Name GARLAND, RICHARD
Address 637 AMERICAN WAY
City-State-Zip: LAKELAND FL 33815

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: MICHAEL SKARAKIS

PRESIDENT

02/29/2024

Electronic Signature of Signing Officer/Director Detail

Date