

**2021 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:** Yes

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

SMITH, JAMES  
459 HOLIDAY 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:** JAMES SMITH

04/17/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name DEZARN, ARNIE  
Address 482 HOLIDAY BLVD  
City-State-Zip: LAKELAND FL 33815

Title PRESIDENT  
Name PARKER, MARTY  
Address 414 COBALT AVE.  
City-State-Zip: LAKELAND FL 33815

Title SECRETARY  
Name CATHCART, GAIL  
Address 349 BALDWIN AVE.  
City-State-Zip: LAKELAND FL 33815

Title VP  
Name SMITH, JAMES  
Address 459 HOLIDAY BLVD.  
City-State-Zip: LAKELAND FL 33815

Title TREASURER  
Name CANINO, LORETTA  
Address 416 COBALT AVENUE  
City-State-Zip: LAKELAND FL 33815

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

Title ASSISTANT SECRETARY  
Name ALLEN, BARBARA  
Address 323 ALBION AVENUE  
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:** JAMES E. SMITH

VICE PRESIDENT

04/17/2021

Electronic Signature of Signing Officer/Director Detail

Date