

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36566

FILED
Feb 23, 2018
Secretary of State
CC3892298317

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:

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

02/23/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name MILLER, PAUL
Address 560 FALCON AVE
City-State-Zip: LAKELAND FL 33815

Title PRESIDENT
Name CHRISTODOULOU, ANDREAS
Address 577 FALCON AVE
City-State-Zip: LAKELAND FL 33815

Title SECRETARY
Name HEGLER, LINDA
Address 461 HOLIDAY BLVD.
City-State-Zip: LAKELAND FL 33815

Title TREASURER
Name TREDWAY, MARY ANN
Address 503 EMPIRE AVE
City-State-Zip: LAKELAND FL 33815

Title VP
Name DOE, JENNIFER
Address 343 BALDWIN AVE.
City-State-Zip: LAKELAND FL 33815

Title DIRECTOR
Name BEERS, WILLARD
Address 574 FALCON AVE
City-State-Zip: LAKELAND FL 33815

Title DIRECTOR
Name ALLEN, BARBARA
Address 323 ALBION AVE.
City-State-Zip: LAKELAND FL 33815

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

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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: MARY ANN TREDWAY

TREASURER

02/23/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SPITZER, PATRICIA
Address 549 FALCON AVE.
City-State-Zip: LAKELAND FL 33815