

**2017 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:**

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

03/15/2017

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 PERRETTA, SHEILA  
Address 412 COBALT AVE  
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 SMITH, JAMES  
Address 459 HOLIDAY 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 THEURET, CLARE  
Address 512 EMPIRE AVE  
City-State-Zip: LAKELAND FL 33815

Title DIRECTOR  
Name GIVENS, JAMES  
Address 581 FALCON AVE.  
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:** ANDREAS CHRISTODOULOU

PRESIDENT

03/15/2017

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