2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2010
Secretary of State

DOCUMENT# 725680

Entity Name: HOLIDAY PARK HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5401 HOLIDAY PARK BLVD
NO PORT, FL 34287 US

New Principal Place of Business:

Current Mailing Address:

5401 HOLIDAY PARK BLVD
NO PORT, FL 34287 US

New Mailing Address:

FEI Number: 59-1848037 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAMPE, FRANK
5609 HOLIDAY PARK BLVD
NORTH PORT, FL 34287 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VD
Name: TREVITHICK, BRUCE
Address: 5684 HOLIDAY PARK BLVD
City-St-Zip: NORTH PORT, FL 34287

Title: VD
Name: KISSENBERTH, JEANNE
Address: 6343 KILEPA CT
City-St-Zip: NORTH PORT, FL 34287

Title: P
Name: LAMPE, FRANK
Address: 6718 SAGE LN.
City-St-Zip: NORTH PORT, FL 34287

Title: T
Name: SCHNEIDER, BARBARA
Address: 6304 KILEPA CT.
City-St-Zip: NORTH PORT, FL 34287

Title: CM
Name: SWEDA, EDWARD
Address: 5173 PALENA BLVD
City-St-Zip: NORTH PORT, FL 34287

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: FRANK J LAMPE P 01/05/2010

Electronic Signature of Signing Officer or Director Date