

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # N03000005008

1. Entity Name
**HOLLAND MOBILE HOME PARK HOME OWNER'S
ASSOCIATION, INC.**



Principal Place of Business
**1332 SW 21 LANE
FORT LAUDERDALE, FL 33312**

Mailing Address
**1332 SW 21 LANE
FORT LAUDERDALE, FL 33312**



04292005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0361931

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GAROFEO, ANDREW F
110 S.E. 6TH ST., 15TH FL
C/O TRIPP SCOTT, P.A.
FORT LAUDERDALE, FL 33301**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME J.A. TONY CARNICK
STREET ADDRESS 1332 SW 21 LANE
CITY-ST-ZIP FORT LAUDERDALE, FL 33312

TITLE D
NAME TORRES, DAVID
STREET ADDRESS 1336 SW 21 LANE
CITY-ST-ZIP FORT LAUDERDALE, FL 33312

TITLE D
NAME COBADAY, BEVERLY
STREET ADDRESS 1396 SW 21 LANE
CITY-ST-ZIP FORT LAUDERDALE, FL 33312

TITLE D
NAME TEDDER, GRACE
STREET ADDRESS 1321 SW 21 LANE
CITY-ST-ZIP FORT LAUDERDALE, FL 33312

TITLE D
NAME MILLER, KATHY
STREET ADDRESS 1354 SW 24 TERRACE LANE
CITY-ST-ZIP FORT LAUDERDALE, FL 33312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000359370
05/04/05-80112-011 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Grace 30, 1005 954-270-2843