

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N06184 (8)**

1. Corporation Name

**HOLIDAY VILLAGE MOBILE HOME ASSOCIATION OF POMPA  
NO, INC.**



Principal Place of Business

Mailing Address

C/O FRANK PIETRO  
1801 S. DIXIE HWY. #114  
POMPANO BEACH FL 33060

C/O FRANK PIETRO  
1801 S. DIXIE HWY. #114  
POMPANO BEACH FL 33060

3. Date Incorporated or Qualified  
**11/15/1984**

3a. Date of Last Report  
**03/06/1995**

2. Principal Place of Business

2a. Mailing Address

21. **Jean Paul Lacombe**

26. **Jean Paul Lacombe**

4. FEI Number

**65-0052885**

Applied For  
Not Applicable

22. **1801 S Dixie Hwy #114**

27. **1801 S Dixie Hwy #114**

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

23. **Pompano Beach FL**

28. **Pompano Beach FL**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

24. **33060**

29. **33060**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PIETRO, FRANK  
1801 S. DIXIE HWY., #114  
POMPANO BEACH FL 33060**

81. Name **Jean Paul Lacombe**

82. Street Address (P.O. Box Number is Not Acceptable) **1801 S Dixie Hwy #114**

83. **Pompano Beach FL**

84. City **Pompano Beach FL**

85. Zip Code **33060**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Jean Paul Lacombe*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE  
NAME **PIETRO, FRANK**  
STREET ADDRESS **1801 S. DIXIE HWY. #114**  
CITY-ST-ZIP **POMPANO BEACH FL 33060**

11. TITLE **PRESIDENT** ☒ Change ☐ Addition  
12. NAME **Lacombe Jean Paul**  
13. STREET ADDRESS **1801 S Dixie #114**  
14. CITY-ST-ZIP **Pompano Beach FL 33060**

TITLE **VP** ☒ DELETE  
NAME **HELSEL, JIM**  
STREET ADDRESS **1801 S DIXIE HWY #150**  
CITY-ST-ZIP **POMPANO BEACH FL**

21. TITLE **VP** ☒ Change ☐ Addition  
22. NAME **Joseph KER R**  
23. STREET ADDRESS **1801 S Dixie Hwy #97**  
24. CITY-ST-ZIP **Pompano Beach FL 33060**

TITLE **TD** ☐ DELETE  
NAME **GUIDEN, MAGGIE**  
STREET ADDRESS **1801 S. DIXIE HWY #249**  
CITY-ST-ZIP **POMPANO BEACH FL**

31. TITLE ☐ Change ☐ Addition  
32. NAME ☐ Change ☐ Addition  
33. STREET ADDRESS ☐ Change ☐ Addition  
34. CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **SD** ☐ DELETE  
NAME **RIPP, BETTY**  
STREET ADDRESS **1801 S. DIXIE HWY. #122**  
CITY-ST-ZIP **POMPANO BEACH FL**

41. TITLE ☐ Change ☐ Addition  
42. NAME ☐ Change ☐ Addition  
43. STREET ADDRESS ☐ Change ☐ Addition  
44. CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☒ DELETE  
NAME **SUTTON, DEN**  
STREET ADDRESS **1801 S DIXIE HWY #218**  
CITY-ST-ZIP **POMPANO BEACH FL**

51. TITLE **D** ☒ Change ☐ Addition  
52. NAME **George STASKO**  
53. STREET ADDRESS **1801 S Dixie Hwy #183**  
54. CITY-ST-ZIP **Pompano Beach FL 33060**

TITLE **D** ☒ DELETE  
NAME **BRAMLITT, MARION**  
STREET ADDRESS **1801 S DIXIE HWY #127**  
CITY-ST-ZIP **POMPANO BEACH FL**

61. TITLE **D** ☒ Change ☐ Addition  
62. NAME **Andee Milaeco**  
63. STREET ADDRESS **1801 S Dixie Hwy #237**  
64. CITY-ST-ZIP **Pompano Beach FL 33060**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Maggie Guiden*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Feb 29 1996 305 942 3673**

Date

Daytime Phone #

CR2E037 (12/95)