

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
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

JEAN PAUL LACOMBE, William Doherty  
1801 SOUTH DIXIE HWY. #172 250  
POMPANO BEACH FL 33060  
US3. Date Incorporated or Qualified  
11/15/19843a. Date of Last Report  
03/06/1996

2. Principal Place of Business

2a. Mailing Address

21 William Doherty

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1801 So Dixie Hwy #250

27 Same

City &amp; State

City &amp; State

23 Pompano Beach FLA

28

Zip

Country

Zip

Country

24 33060

25

29

30

4. FEI Number

65-0052885

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. 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

LACOMBE, JEAN P. William Doherty  
1801 SOUTH DIXIE HWY  
#172 250  
POMPANO BEACH FL 33060

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 William H. Doherty

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME LACOMBE, JEAN P. W  
STREET ADDRESS 1801 SOUTH DIXIE, #172  
CITY-ST-ZIP POMPANO BEACH FL  
☒ DELETE1.1 TITLE P  
1.2 NAME William Doherty  
1.3 STREET ADDRESS 1801 So Dixie Hwy #250  
1.4 CITY-ST-ZIP Pompano Beach, FL  
☒ Change ☐ AdditionTITLE VP  
NAME KERR, JOSEPH  
STREET ADDRESS 1801 SOUTH DIXIE HWY, #97  
CITY-ST-ZIP POMPANO BEACH FL  
☒ DELETE2.1 TITLE VP  
2.2 NAME Jim Ryder  
2.3 STREET ADDRESS 1801 So Dixie Hwy #13  
2.4 CITY-ST-ZIP Pompano Beach, FL  
☒ Change ☐ AdditionTITLE TD  
NAME GUIDEN, MAGGIE  
STREET ADDRESS 1801 S. DIXIE HWY #249  
CITY-ST-ZIP POMPANO BEACH FL  
☐ DELETE3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE SD  
NAME RIPP, BETTY  
STREET ADDRESS 1801 S. DIXIE HWY. #122  
CITY-ST-ZIP POMPANO BEACH FL  
☐ DELETE4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE D  
NAME STASKO, GEORGE  
STREET ADDRESS 1801 SOUTH DIXIE HWY, #83  
CITY-ST-ZIP POMPANO BEACH FL  
☐ DELETE5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE D  
NAME MELASCO, ANDRE  
STREET ADDRESS 1801 SOUTH DIXIE HWY, #237  
CITY-ST-ZIP POMPANO BEACH FL  
☒ DELETE6.1 TITLE D  
6.2 NAME Helen Grimsly  
6.3 STREET ADDRESS 1801 So Dixie Hwy #208  
6.4 CITY-ST-ZIP Pompano Beach, FL  
☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Jan 16, 1997 954-942-3673

Daytime Phone # 0026300

CR2E037 (9/96)