

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06184

1. Entity Name

HOLIDAY VILLAGE MOBILE HOME ASSOCIATION OF POMPA

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90086 018 ****61.25

Principal Place of Business

1801 S. DIXIE HWY., #13
ATTN JIM RYDER
POMPANO BEACH FL 33060
US

Mailing Address

1801 S. DIXIE HWY., #13
ATTN JIM RYDER
POMPANO BEACH FL 33060-8919
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1801 So Dixie Hwy
Suite, Apt. #, etc.
#163
City & State
Pompa Bch FL
Zip
33060
Country
U.S.

3. Mailing Address

1801 S Dixie Hwy
Suite, Apt. #, etc.
ATTN May Kennedy #163
City & State
Pompa Bch FL
Zip
33060
Country
U.S.

4. FEI Number

65-0052885

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RYDER, JIM
1801 S. DIXIE HWY
#13
POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent

Name
May Kennedy
Street Address (P.O. Box Number is Not Acceptable)
1801 S. Dixie Hwy
#163
City
Pompa Bch FL Zip Code
33060

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.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | Delete |
|-------|------------------|--------------------------|------------------------|-------------------------------------|
| P | RYDER, JIM | 1801 S. DIXIE HWY., #13 | POMPANO BEACH FL 33060 | <input checked="" type="checkbox"/> |
| VP | STASKO, GEORGE | 1801 S. DIXIE HWY., #83 | POMPANO BEACH FL 33060 | <input checked="" type="checkbox"/> |
| TD | CALCE, MANON | 1801 S. DIXIE HWY., #103 | POMPANO BEACH FL 33060 | <input checked="" type="checkbox"/> |
| SD | CHAPMAN, BARBARA | 1801 S. DIXIE HWY., #216 | POMPANO BEACH FL 33060 | <input checked="" type="checkbox"/> |
| D | SHEA, FRANCIS | 1801 S. DIXIE HWY., #204 | POMPANO BEACH FL 33060 | <input checked="" type="checkbox"/> |
| D | GRECO, DIONISIO | 1801 S. DIXIE HWY., #103 | POMPANO BEACH FL 33060 | <input checked="" type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | Change | Addition |
|-------|-----------------|-----------------------|----------------------|--------------------------|-------------------------------------|
| P | KENNEDY GAY | 1801 S DIXIE HWY #163 | POMPANO Bch FL 33060 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| VP | NAPORA RICHARD | 1801 S DIXIE HWY #93 | POMPANO Bch FL 33060 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| TD | HELEN GRIMSHLEY | 1801 S DIXIE HWY #208 | POMPANO Bch FL 33060 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| SD | NELLIE HELSEL | 1801 S DIXIE HWY #108 | POMPANO Bch FL 33060 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| D | WAYNE MOORE | 1801 SO DIXIE HWY #80 | POMPANO Bch FL 33060 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| D | BILL WILSON | 1801 S DIXIE HWY #170 | POMPANO Bch FL 33060 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

12. I 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 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: Barbara Chapman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)