

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90088 011 ****70.00

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DOCUMENT # N06184

1. Entity Name

HOLIDAY VILLAGE MOBILE HOME ASSOCIATION OF POMPA

Principal Place of Business

Mailing Address

1801 S. DIXIE HWY., #163
 ATTN JIM RYDER
 POMPANO BEACH FL 33060,
 US

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

735889



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0052885

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KENNEDY, GAY
 1801 S. DIXIE HWY
 163
 POMPANO BEACH FL 33060

Name **GAY KENNEDY**
 Street Address (P.O. Box Number is Not Acceptable) **1801 S DIXIE HWY #163**
 City **POMPANO BEACH** 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

Gay Kennedy

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-28-01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAY KENNEDY #163	
STREET ADDRESS	1801 S DIXIE HWY	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD NAPORA #93	
STREET ADDRESS	1801 S DIXIE HWY	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN GALLAGHER #2	
STREET ADDRESS	1801 S DIXIE HWY	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELLIE HELSER #108	
STREET ADDRESS	1801 S DIXIE HWY	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRY HELSER #108	
STREET ADDRESS	1801 S DIXIE HWY	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAYNE MOORE #80	
STREET ADDRESS	1801 S DIXIE HWY	
CITY-ST-ZIP	POMPANO BEACH FL 33060	

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:

Gay Kennedy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-01

Date

Daytime Phone #

CR2E037 (10/00)