2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004
Secretary of State

DOCUMENT# N06184

Entity Name: HOLIDAY VILLAGE MOBILE HOME ASSOCIATION OF POMPANO, INC.

Current Principal Place of Business:

1801 S. DIXIE HWY., #170
ATTN: BILL WILSON
POMPANO BEACH, FL 33060 US

New Principal Place of Business:

Current Mailing Address:

1777 SW 7 DRIVE
ATTN: BILL WILSON
POMPANO BEACH, FL 33060 US

New Mailing Address:

FEI Number: 65-0052885 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, BILL M
1777 SW 7 DRIVE
POMPANO BEACH, FL 33060 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	HELSEL, LARRY	
Address:	1742 SW 7 DRIVE	
City-St-Zip:	POMPANO BEACH, FL 33060 US	
Title:	D	( ) Delete
Name:	WILSON, BILL M	
Address:	1777 SW 7 DRIVE	
City-St-Zip:	POMPANO BEACH, FL 33060 US	
Title:	S	( ) Delete
Name:	RUSSELL, ROSE	
Address:	11820 SW 9 DRIVE	
City-St-Zip:	POMPANO BEACH, FL 33060 US	
Title:	T	( ) Delete
Name:	SHEA, BEVERLY	
Address:	1770 SW 9 DRIVE	
City-St-Zip:	POMPANO BEACH, FL 33060 US	
Title:	D	( ) Delete
Name:	WALKER, LINDA	
Address:	1782 SW 7 DRIVE	
City-St-Zip:	POMPANO BEACH, FL 33060	
Title:	D	( ) Delete
Name:	BRAMLITT, RUBY J	
Address:	1648 SW 7 DRIVE	
City-St-Zip:	POMPANO BEACH, FL 33060 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL WILSON D 04/05/2004
Electronic Signature of Signing Officer or Director — Date