


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 14, 2005 08:00 AM
Secretary of State**

DOCUMENT # N06184 1. Entity Name HOLIDAY VILLAGE MOBILE HOME ASSOCIATION OF POMPAHO, INC.	
---	---

Principal Place of Business 1801 S. DIXIE HWY., #170 ATTN: BILL WILSON POMPAHO BEACH, FL 33060 US	Mailing Address 1777 SW 7 DRIVE ATTN: BILL WILSON POMPAHO BEACH, FL 33060 US
---	--



03102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0052885	Applied For Not Applicable
------------------------------------	--------------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---

6. Name and Address of Current Registered Agent

**WILSON, BILL M
1777 SW 7 DRIVE
POMPAHO BEACH, FL 33060**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000263128
03/14/05-80084-004 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HELSEL, LARRY 1742 SW 7 DRIVE POMPAHO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, BILL M 1777 SW 7 DRIVE POMPAHO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUSSELL, ROSE 11820 SW 9 DRIVE POMPAHO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHEA, BEVERLY 1770 SW 9 DRIVE POMPAHO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, LINDA 1782 SW 7 DRIVE POMPAHO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAMLITT, RUBY J 1648 SW 7 DRIVE POMPAHO BEACH, FL 33060

**DO NOT WRITE
IN THIS SPACE**

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: *Bill M. Wilson* **Bill M. Wilson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-05 984 786 0822
Date Daytime Phone #