

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90158 005 \*\*\*\*61.25

**DOCUMENT # N08655**

1. Entity Name  
**HOLIDAY MOBILE ESTATES HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
3120 W. HALLANDALE BLVD  
LOT 607  
PEMBROKE PARK, FL 33009 US

Mailing Address  
3120 W. HALLANDALE BLVD  
LOT 607  
PEMBROKE PARK, FL 33009 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03022005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
59-2647506

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

FITZGERALD, SHIRLEY E  
HOLIDAY MOBILE ESTATES  
607 6 ST  
PEMBROKE PARK, FL 33009

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME FITZGERALD, SHIRLEY E  
STREET ADDRESS 607 6 STREET  
CITY-ST-ZIP PEMBROKE PARK, FL 33009

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☒ Delete  
NAME LAURIE, SUZANN  
STREET ADDRESS 3120 W. HALLANDALE BEACH BLVD., LOT 526  
CITY-ST-ZIP HALLANDALE, FL 33009

TITLE ☒ Change ☐ Addition  
NAME LISE LA ROCHELLE  
STREET ADDRESS 3120 W. HALLANDALE BCH. BLVD.  
CITY-ST-ZIP HALLANDALE FL 33009

TITLE STD ☐ Delete  
NAME MINASIAN, YOLONDA  
STREET ADDRESS 3120 W HALLANDALE BCH BV  
CITY-ST-ZIP HALLANDALE, FL 33009

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME FLORENCE HAVEL  
STREET ADDRESS 3120 W. HALLANDALE BCH BLVD  
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: SE Fitzgerald S.E. FITZGERALD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 MAR 05  
Date

(954) 961-0176  
Daytime Phone #