

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90164 015 \*\*\*\*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  
**3120 W. HALLANDALE BCH BLVD**  
Suite, Apt. #, etc.  
**LOT 518**  
City & State  
**PEMBROKE PARK FL**  
Zip  
**33009** Country  
**BROWARD**

3. Mailing Address  
**3120 W. HALLANDALE BCH BLVD**  
Suite, Apt. #, etc.  
**LOT 518**  
City & State  
**PEMBROKE PARK FL**  
Zip  
**33009** Country  
**BROWARD**

03032006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2647506** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
**LEON GAGLIARDI**  
Street Address (P.O. Box Number is Not Acceptable)  
**3120 W. HALLANDALE BCH BLVD,  
LOT 518**  
City  
**PEMBROKE PARK** FL Zip Code  
**33009**

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 **LEON GAGLIARDI (PD)**  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**03-03-06**  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FITZGERALD, SHIRLEY E 607 6 STREET PEMBROKE PARK, FL 33009	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAROCHELLE, LISE 3120 W HALLANDALE BCH BLVE HALLANDALE, FL 33009	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MINASIAN, YOLONDA 3120 W HALLANDALE BCH BV HALLANDALE, FL 33009	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAUEL, FLORENCE 3120 W HALLANDALE BCH BLVD HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEON GAGLIARDI 3120 W. HALLANDALE BCH BLVD, LOT 518 PEMBROKE PARK FL 33009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANDY FULLER 3120 W. HALLANDALE BCH BLVD PEMBROKE PARK FL 33009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **LEON GAGLIARDI**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**754-423-1964**  
**March 3-06**  
Date Daytime Phone #