
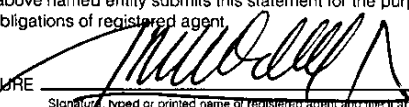
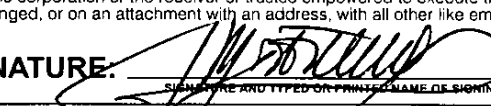


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90069 035 \*\*\*\*61.25

<b>DOCUMENT # N08655</b> 1. Entity Name <b>HOLIDAY MOBILE ESTATES HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>3120 W. HALLANDALE BLVD LOT 518 PEMBROKE PARK, FL 33009 US</b>		Mailing Address <b>3120 W. HALLANDALE BLVD LOT 518 PEMBROKE PARK, FL 33009 US</b>	
2. Principal Place of Business - No P.O. Box # <b>3120 W. Hallandale Bch. Blvd</b> Suite, Apt. #, etc. <b>Lot 419</b>		3. Mailing Address <b>3120 W. Hallandale Bch. Blvd</b> Suite, Apt. #, etc. <b>Lot 419</b>	
City & State <b>Pembroke Park, FL</b> Zip <b>33009</b> Country <b>U.S.A</b>		City & State <b>Pembroke Park, FL</b> Zip <b>33009</b> Country <b>USA</b>	
4. FEI Number <b>59-2647506</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MONTORELL, JAMES 3120 W. HALLANDALE BCH BLVD. LOT 518 PEMBROKE PARK, FL 33009</b>		7. Name and Address of New Registered Agent Name <b>MARTORELL, Jamie</b> Street Address (P.O. Box Number is Not Acceptable) <b>3120 W. Hallandale Bch. Blvd</b> <b>Lot 419</b> City <b>Hallandale</b> <b>FL</b> Zip Code <b>33009</b>	
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  <small>Signature, typed or printed name of registered agent and user is applicable.</small>		<b>Jamie Martorell</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD GAGLIARDI, LEON 3120 W. HALLANDALE BCH BLVD. LOT 518 FORT LAUDERDALE, FL 33309 <input checked="" type="checkbox"/> Delete	TITLE	PD MARTORELL, Jamie <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3120 W. Hallandale Bch. Blvd L-419 Hallandale, FL 33009
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD LAROCHELLE, LISE <input checked="" type="checkbox"/> Delete	TITLE	VD FITZGERALD, S.E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3120 W. Hallandale Bch. Blvd L-607 Hallandale, FL 33009
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	STD MINASIAN, YOLONDA <input type="checkbox"/> Delete	TITLE	STD MINASIAN, YOLONDA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3120 W. Hallandale Bch. Blvd L-905 Hallandale, FL 33009
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	T FULLER, SANDY <input type="checkbox"/> Delete	TITLE	T Fuller, Sandy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3120 W. Hallandale Bch. Blvd L-234 Hallandale, FL 33009
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>Jamie Martorell</b> <small>Date</small>	
<b>4/10/07</b> <small>Date</small>		<b>786630108</b> <small>Daytime Phone #</small>	