

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08655

FILED
Apr 02, 2009
Secretary of State

Entity Name: HOLIDAY MOBILE ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

607 6TH STREET
PEMBROKE PARK, FL 33009 US

New Principal Place of Business:

234 2ND STREET
PEMBROKE PARK, FL 33009 US

Current Mailing Address:

607 6TH STREET
PEMBROKE PARK, FL 33009 US

New Mailing Address:

234 2ND STREET
PEMBROKE PARK, FL 33009 US

FEI Number: 59-2647506

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FITZGERALD, S.E.
607 6TH STREET
PEMBROKE PARK, FL 33009 US

Name and Address of New Registered Agent:

FULLER, SANDY
234 2ND STREET
PEMBROKE PARK, FL 33009 US

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: SANDY FULLER

04/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FITZGERALD, S.E.
Address: 3120 W. HALLENDALE BCH BLVD. L-607
City-St-Zip: HALLANDALE, FL 33009

Title: VD () Delete
Name: BETTIO, SYLVIO
Address: 3120 W. HALLANDALE BEACH BLVD. L-720
City-St-Zip: HALLANDALE, FL 33009

Title: STD () Delete
Name: MINASIAN, YOLONDA
Address: 3120 W. HALLANDALE BCH BLVD. L-905
City-St-Zip: HALLANDALE, FL 33009

Title: T () Delete
Name: FULLER, SANDY
Address: 3120 W. HALLANDALE BCH BLVD. L-234
City-St-Zip: HALLANDALE, FL 33009

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SANDY FULLER

T

04/02/2009

Electronic Signature of Signing Officer or Director

Date