

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08655

FILED  
Apr 18, 2012  
Secretary of State

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

**Current Principal Place of Business:**

234 2ND STREET  
PEMBROKE PARK, FL 33009 US

**New Principal Place of Business:**

**Current Mailing Address:**

234 2ND STREET  
PEMBROKE PARK, FL 33009 US

**New Mailing Address:**

**FEI Number:** 59-2647506

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BETTIO, SYLVIO  
Address: 3120 W. HALLANDALE BCH BLVD. L-720  
City-St-Zip: HALLANDALE, FL 33009

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

Title: STD  
Name: FULLER, SANDY  
Address: 3120 W. HALLANDALE BEACH BLVD. LOT 234  
City-St-Zip: HALLANDALE, FL 33009

Title: T  
Name: FULLER, SANDY  
Address: 234 2ND STREET  
City-St-Zip: HALLANDALE, FL 33009

Title: VP  
Name: RENNER, JOHN G  
Address: 3120 W. HALLANDALE BCH BLVD. L-226  
City-St-Zip: HALLANDALE, FL 33009

I hereby 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 all other like empowered.

SIGNATURE: SANDRA FULLER

TR

04/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date