

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N36566** (0)

1. Corporation Name

HOLIDAY MOBILE HOME PARK ASSOCIATION, INC.



| | | | | | |
|---|---------------------|---|---------|---|-------------------------|
| Principal Place of Business | | Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| % G.W. FREEMAN P. O. BOX 591 LAKELAND FL 33802-0591 US | | % G.W. FREEMAN P. O. BOX 591 LAKELAND FL 33802-0591 US | | 02/05/1990 | 04/20/1995 |
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | | Applied For | |
| 21 | 26 | 59-2993357 | | Not Applicable | |
| Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | |
| 22 | | 27 | | 6. Election Campaign Financing Trust Fund Contribution | |
| City & State | | 28 | | 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | |
| 23 | | 29 | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | |
| Zip | Country | Zip | Country | 9. Yes 10. No | |
| 24 | 25 | 29 | 30 | | |

| | | | | | | | |
|---|--|--|--|--|--|----|----------|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| FREEMAN, G. W 53 D ST LAKELAND FL 33801 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | 85 | Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|----------------------------|-------------------|--|---|--|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WRIGHT, JAMES | | 1.2 NAME | | |
| STREET ADDRESS | 101 A STREET | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LAKELAND FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | RAMSEY, JOHN | | 2.2 NAME | | |
| STREET ADDRESS | 9 A ST | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LAKELAND FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | JOHNSON, HELEN | | 3.2 NAME | | |
| STREET ADDRESS | 123 B ST | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LAKELAND FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | JAMIESON, MARION | | 4.2 NAME | Director Peter Lawson | |
| STREET ADDRESS | 158D ST | | 4.3 STREET ADDRESS | 40 D St. | |
| CITY-ST-ZIP | LAKELAND FL | | 4.4 CITY-ST-ZIP | Lakeland, FL 33801 | |
| TITLE | D | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CRIFE, ALVIN | | 5.2 NAME | | |
| STREET ADDRESS | 112 A ST. | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LAKELAND FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | DS | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | STROUD, JAMES | | 6.2 NAME | 400001847794 | |
| STREET ADDRESS | 121 B ST. | | 6.3 STREET ADDRESS | -06/03/96--01033--013 | |
| CITY-ST-ZIP | LAKELAND FL 33801 | | 6.4 CITY-ST-ZIP | ***61.25 | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *G.W. Freeman, Jr. James M. Stroud Sec.* Date: *4/15/96* *941-683-0676*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *CS 5/11/96*

CR2E037 (12/95)