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Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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	
* G.W. FREEMAN P. O. BOX 591 LAKELAND FL 33802-0591 US		* G.W. FREEMAN P. O. BOX 591 LAKELAND FL 33802-0591 US <i>ALBERT E. WHITE</i>	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	
21	26	02/05/1990	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	3a. Date of Last Report	
22	27	05/01/1996	
City & State	City & State	4. FEI Number	
23	28	59-2993357	
Zip	Country	Applied For	
24	25	Not Applicable	
33815		5. Certificate of Status Desired	
		<input type="checkbox"/> \$8.75 Additional Fee Required	
		6. Election Campaign Financing	
		<input type="checkbox"/> \$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

FREEMAN, G. W
53 D ST
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LAWSON, PETER	
STREET ADDRESS	40 D ST	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAMSEY, JOHN	
STREET ADDRESS	9 A ST	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRIFE, ALVIN	
STREET ADDRESS	112 A ST.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	STROUD, JAMES	
STREET ADDRESS	121 B ST.	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Albert E White	
1.3 STREET ADDRESS	190 F St	
1.4 CITY-ST-ZIP	Lakeland FL 33815	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Albert E White* *Albert E White* 03/11/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0052519

CR2E037 (9/96)