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Mar 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N36566 (0)
1. Corporation Name
HOLIDAY MOBILE HOME PARK ASSOCIATION, INC.



Principal Place of Business % G.W. FREEMAN P. O. BOX 591 LAKELAND FL 33802-0591 US	Mailing Address 190-PT 45 D St. P. O. BOX 591 LAKELAND FL 33801 US
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3. Date Incorporated or Qualified 02/05/1990
4. FEI Number 59-2993357
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 45 D St. 27 Sulte, Apt. #, etc. 28 City & State 29 Zip 30 Country
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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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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 checked="" 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 P	<input type="checkbox"/> DELETE
NAME	CRIFE, ALVIN	
STREET ADDRESS	112 A ST.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	STROUD, JAMES	
STREET ADDRESS	121 B ST.	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, ALBERT E	
STREET ADDRESS	190 F ST	
CITY-ST-ZIP	LAKELAND FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CLARE BENDER	
1.3 STREET ADDRESS	45 D ST.	
1.4 CITY-ST-ZIP	LAKELAND, FL 33815	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROGER WILLIAMS	
2.3 STREET ADDRESS	143 C ST.	
2.4 CITY-ST-ZIP	LAKELAND, FL 33815	
3.1 TITLE	D S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JUSTINE DELLERT	
3.3 STREET ADDRESS	72 F ST.	
3.4 CITY-ST-ZIP	LAKELAND, FL 33815	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MILDRED CARPENTER	
4.3 STREET ADDRESS	65 E ST.	
4.4 CITY-ST-ZIP	LAKELAND, FL 33815	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MEL ACH BERGER	
5.3 STREET ADDRESS	205 3RD AVE	
5.4 CITY-ST-ZIP	LAKELAND, FL 33815	
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 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: Clare Bender 3/12/98 941-682-8239

C2E037 (10/97)