


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90437 011 ****61.25

DOCUMENT # N36566					
1. Entity Name HOLIDAY MOBILE HOME PARK ASSOCIATION, INC.					
Principal Place of Business 4141 NEW TAMPA HWY LAKELAND, FL 33815 US			Mailing Address 329 ALBION AVE LAKELAND, FL 33815 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2993357	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HULSIZER, DON 329 ALBION AVE LAKELAND, FL 33815			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Donald L. Hulsizer</u> 4/20/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME BUSH, MABEL STREET ADDRESS 341 BALDWIN AVE CITY-ST-ZIP LAKELAND, FL 33815	<input checked="" type="checkbox"/> Delete		TITLE PO NAME B.W. Sutphin (J.R.) STREET ADDRESS 372 Baldwin Ave CITY-ST-ZIP Lakeland, FL 33815	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME WOLFE, EUNICE STREET ADDRESS 314 ALBION AVE CITY-ST-ZIP LAKELAND, FL 33815	<input type="checkbox"/> Delete		TITLE VP NAME George Hendfield STREET ADDRESS 571 Falcon Ave CITY-ST-ZIP Lakeland FL 33815	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME THOMPSON, RUTH STREET ADDRESS 307 ALBION AVE CITY-ST-ZIP LAKELAND, FL 33815	<input checked="" type="checkbox"/> Delete		TITLE D NAME Don Davis STREET ADDRESS 562 Falcon Ave CITY-ST-ZIP Lakeland FL 33815	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME GOHL, LOIS STREET ADDRESS 417 COBALT AVE CITY-ST-ZIP LAKELAND, FL 33815	<input type="checkbox"/> Delete		TITLE D NAME Liane Black STREET ADDRESS 505 Empire Ave CITY-ST-ZIP Lakeland FL 33815	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME SMITH, JIM STREET ADDRESS 621 AMERICAN WAY CITY-ST-ZIP LAKELAND, FL 33815	<input type="checkbox"/> Delete		TITLE D NAME Virginia Hook STREET ADDRESS 550 Falcon Ave CITY-ST-ZIP Lakeland FL 33815	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME BENDER, CLARE STREET ADDRESS 474 HOLIDAY BLVD CITY-ST-ZIP LAKELAND, FL 33815	<input type="checkbox"/> Delete		TITLE D NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>B.W. Sutphin</u> B.W. SUTPHIN			3-21-06		863-616-9979
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>