

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36566

FILED
Apr 16, 2009
Secretary of State

Entity Name: HOLIDAY MOBILE HOME PARK ASSOCIATION, INC.

Current Principal Place of Business:

4141 NEW TAMPA HWY
LAKELAND, FL 33815 US

New Principal Place of Business:

Current Mailing Address:

329 ALBION AVE
LAKELAND, FL 33815 US

New Mailing Address:

4141 NEW TAMPA HWY
LAKELAND, FL 33815 US

FEI Number: 59-2993357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HULSIZER, DON
329 ALBION AVE
LAKELAND, FL 33815 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 () Delete
Name: SUTPHIN, BW JR
Address: 372 BALDWIN AVE
City-St-Zip: LAKELAND, FL 33815

Title: S () Delete
Name: TREDWAY, MARYANN
Address: 503 EMPIRE AVE
City-St-Zip: LAKELAND, FL 33815

Title: D () Delete
Name: HOOK, VIRGINIA
Address: 550 FALCON AVE
City-St-Zip: LAKELAND, FL 33815

Title: D () Delete
Name: GOHL, LOIS
Address: 417 COBALT AVE
City-St-Zip: LAKELAND, FL 33815

Title: D () Delete
Name: SMITH, JIM
Address: 621 AMERICAN WAY
City-St-Zip: LAKELAND, FL 33815

Title: TD () Delete
Name: BENDER, CLARE
Address: 474 HOLIDAY BLVD
City-St-Zip: LAKELAND, FL 33815

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SUTPHIN, BW JR
Address: 363 BALDWIN AVE
City-St-Zip: LAKELAND, FL 33815

Title: S (X) Change () Addition
Name: THOMPSON, RUTH
Address: 436 COBALT AVE
City-St-Zip: LAKELAND, FL 33815

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: HANDFIELD, GEORGE
Address: 571 FALCON AVE
City-St-Zip: LAKELAND, FL 33815

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BEVERLY W SUTPHIN

PD

04/16/2009

Electronic Signature of Signing Officer or Director

Date