

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90075 034 ****70.00

DOCUMENT # N98000002931

1. Entity Name
HOLIDAY RV AND MOBILE HOME PARK, INC.



Principal Place of Business
**7515 DECEMBER DR
PORT RICHEY, FL 34668**

Mailing Address
**CLUB HOUSE NATALIE MONFREDA
7515 DECEMBER DR. 7552 CLOVER DR.
PORT RICHEY, FL 34668**



2. Principal Place of Business
Club House
Suite, Apt. #, etc.

3. Mailing Address
7552 CLOVER DR. PR 71.
Suite, Apt. #, etc.

04132005 Chg-NP CR2E037 (10/03)

City & State

City & State
Port Richey FL

4. FEI Number
NOT APPLICABLE
Applied
Not Applicable

Zip Country

Zip Country
34668 PASCO

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MONFREDA, NATALIE
7552 CLOVER DR
PORT RICHEY, FL 34668**

7. Name and Address of New Registered Agent
Name
NATALIE MONFREDA
Street Address (P.O. Box Number is Not Acceptable)
7552 CLOVER DR.
Port Richey, FL.
City
FL Zip Code
34668

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 **Natalie Monfreda** **4/13/05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MONFREDA, NATALIE	
STREET ADDRESS	7552 CLOVER DR.	
CITY-ST-ZIP	PORT RICHEY, FL 34668	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SCHERER, NADINE	
STREET ADDRESS	7504 CLOVER DR.	
CITY-ST-ZIP	PORT RICHEY, FL 34668	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HALL, TAMMY	
STREET ADDRESS	7508 COPPER LANE	
CITY-ST-ZIP	PORT RICHEY, FL 34668	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SMITH, DEWAYNE	
STREET ADDRESS	7508 COOPER LANE	
CITY-ST-ZIP	PORT RICHEY, FL 34668	
TITLE	RA	<input type="checkbox"/> Delete
NAME	MONFREDA, NATALIE	
STREET ADDRESS	7552 CLOVER DR.	
CITY-ST-ZIP	PORT RICHEY, FL 34668	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Natalie Monfreda	
STREET ADDRESS	7552 CLOVER DR.	
CITY-ST-ZIP	Port Richey, FL 34668	
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Natalie Monfreda	
STREET ADDRESS	7552 CLOVER DR.	
CITY-ST-ZIP	Port Richey, FL 34668	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Natalie Monfreda	
STREET ADDRESS	7552 CLOVER DR.	
CITY-ST-ZIP	Port Richey, FL 34668	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Natalie Monfreda	
STREET ADDRESS	7552 CLOVER DR.	
CITY-ST-ZIP	Port Richey, FL 34668	
TITLE	RA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Natalie Monfreda	
STREET ADDRESS	7552 CLOVER DR.	
CITY-ST-ZIP	Port Richey, FL 34668	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Natalie Monfreda** **4/13/05**
Signature and typed or printed name of signing officer or director Date

Daytime Phone #