

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90260 016 \*\*\*\*70.00

DOCUMENT # N98000002931

1. Entity Name

HOLIDAY RV AND MOBILE HOME PARK, INC.



Principal Place of Business

CLUB HOUSE  
7515 DECEMBER DR  
PORT RICHEY FL 34668

Mailing Address

7552 CLOVER DR  
PORT RICHEY FL 34668



2. Principal Place of Business

*Club House*  
Suite, Apt. #, etc.  
*N/A*

3. Mailing Address

*7515 December Dr*  
Suite, Apt. #, etc.  
*N/A*

1st MOORE

CR2E037 (10/05)

City & State

*Port Richey Fl.*  
Zip  
*34668* Country  
*Pasco*

City & State

*Port Richey Fl.*  
Zip  
*34668* Country  
*Pasco*

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

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  
*Thomas A. Bonner*  
Street Address (P.O. Box Number is Not Acceptable)

*7500 Clover Dr.*  
City  
*Port Richey*

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

*Thomas A. Bonner* Thomas A. Bonner 3-18-06  
Signature typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25  
Due By May 1, 2006

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	V	<input type="checkbox"/> Delete
NAME	MONFREDO, NATALIE	
STREET ADDRESS	7552 CLOVER DR.	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	S	<input type="checkbox"/> Delete
NAME	MONFREDO, NATALIE	
STREET ADDRESS	7552 CLOVER DR	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	T	<input type="checkbox"/> Delete
NAME	MONFREDO, NATALIE	
STREET ADDRESS	7552 CLOVER DR	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	RA	<input type="checkbox"/> Delete
NAME	MONFREDO, NATALIE	
STREET ADDRESS	7552 CLOVER DR	
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	P	<input type="checkbox"/> Delete
NAME	MONFREDO, NATALIE	
STREET ADDRESS	7552 CLOVER DR	
CITY-ST-ZIP	PORT RICHEY FL 34668	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Genson, Tim	
STREET ADDRESS	7523 Carpenter St.	
CITY-ST-ZIP	Port Richey, Fl. 34668	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bonner, Jessica	
STREET ADDRESS	7500 Clover Dr.	
CITY-ST-ZIP	Port Richey, Fl. 34668	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bonner, Thomas	
STREET ADDRESS	7500 Clover Dr.	
CITY-ST-ZIP	Port Richey, Fl. 34668	
TITLE	RA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bonner, Thomas	
STREET ADDRESS	7500 Clover Dr.	
CITY-ST-ZIP	Port Richey, Fl. 34668	
TITLE	RA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bonner, Thomas	
STREET ADDRESS	7500 Clover Dr.	
CITY-ST-ZIP	Port Richey, Fl. 34668	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bonner, Thomas	
STREET ADDRESS	7500 Clover Dr.	
CITY-ST-ZIP	Port Richey, Fl. 34668	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 149. 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: *Thomas A. Bonner* Thomas A. Bonner 3-18-06/1-727-236-1286