

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Mar 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mertham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000069420 (2)**

1. Corporation Name

HOLLAND MOBILE HOME PARK, INC.

Principal Place of Business

**10211 PINES BLVD
SUITE 112
PEMBROKE PINES FL 33326**

Mailing Address

**10211 PINES BLVD
SUITE 112
PEMBROKE PINES FL 33326**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1997

4. FEI Number

65-0773747

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip **30** Country

9. Name and Address of Current Registered Agent

**REIFF, ANDREW L
135 W CENTRAL BLVD
SOUTHTRUST BANK BLDG SUITE 720
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **RAY, HUGH**
STREET ADDRESS **1859 W PINE ISLAND RD STE 2321**
CITY-ST-ZIP **PLANTATION FL**

TITLE **D** ☐ DELETE
NAME **RAY, GEORGE SR**
STREET ADDRESS **1859 W PINE ISLAND RD STE 2321**
CITY-ST-ZIP **PLANTATION FL**

TITLE **D** ☐ DELETE
NAME **RAY, GEORGE JR**
STREET ADDRESS **1859 W PINE ISLAND RD STE 2321**
CITY-ST-ZIP **PLANTATION FL**

TITLE **D** ☐ DELETE
NAME **WILLIAMS, ALEX**
STREET ADDRESS **10211 PINES BLVD STE 112**
CITY-ST-ZIP **PEMBROKE PINES FL 33326**

TITLE **D** ☐ DELETE
NAME **BALDWIN, JOSEPH**
STREET ADDRESS **777 S STATE ROAD #7, BOX 6**
CITY-ST-ZIP **MARGATE FL 33322**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Alex Williams **Alex Williams** 1/6/98 587 1276

CR2E034 (1097)