

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000069420

1. Entity Name  
HOLLAND MOBILE HOME PARK, INC.



Principal Place of Business  
135 WEST CENTRAL BLVD.  
SUITE 730  
ORLANDO, FL 32801

Mailing Address  
C/O ANDREW L. REIFF  
PO BOX 1059  
ORLANDO, FL 32802

**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0773747

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

REIFF, ANDREW L  
135 W CENTRAL BLVD  
SUITE 730  
ORLANDO, FL 32801

**DO NOT WRITE  
IN THIS SPACE**

5. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000039296  
02/07/04-80002-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Alex Williams Jan 30/04 954224 5628