2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000069420

1. Entity Name
HOLLAND MOBILE HOME PARK, INC.

Principal Place of Business	Mailing Address
135 WEST CENTRAL BLVD. SUITE 730 ORLANDO, FL 32801	C/O ANDREW L. REIFF PO BOX 1059 ORLANDO, FL 32802

DO NOT WRITE IN THIS SPACE

03232006 No Chg-P CR2E034 (11/05)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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	

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04/18/06-80002-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.

SIGNATURE: Alex Williams 3/31/06 954 224 5628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #