

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36566

Entity Name: HOLIDAY MOBILE HOME PARK ASSOCIATION, INC.

Current Principal Place of Business:

4141 NEW TAMPA HWY
LAKELAND, FL 33815

Current Mailing Address:

4141 NEW TAMPA HWY
LAKELAND, FL 33815 US

FEI Number: 59-2993357

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, JAMES
459 HOLIDAY AVE.
LAKELAND, FL 33815 US

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.

SIGNATURE: JAMES SMITH

03/04/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title ASSISTANT TREASURER
Name DEZARN, ARNIE
Address 482 HOLIDAY BLVD
City-State-Zip: LAKELAND FL 33815

Title PRESIDENT
Name PARKER, MARTY
Address 414 COBALT AVE.
City-State-Zip: LAKELAND FL 33815

Title SECRETARY
Name CATHCART, GAIL
Address 349 BALDWIN AVE.
City-State-Zip: LAKELAND FL 33815

Title VP
Name SMITH, JAMES
Address 459 HOLIDAY BLVD.
City-State-Zip: LAKELAND FL 33815

Title DIRECTOR
Name DEALLY, AUBREY
Address 501 EMPIRE AVE.
City-State-Zip: LAKELAND FL 33815

Title TREASURER
Name GARLAND, RICHARD
Address 637 AMERICAN WAY.
City-State-Zip: LAKELAND FL 33815

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GAIL CATHCART

SECRETARY

03/04/2020

Electronic Signature of Signing Officer/Director Detail

Date