

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36566

**FILED**  
**Mar 24, 2014**  
**Secretary of State**  
**CC4430589359**

**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:** Yes

**Name and Address of Current Registered Agent:**

THOMPSON, RUTH  
436 COBALT 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P	Title	S
Name	THEURET, CLARE	Name	ROUSSELLE, JOANNE
Address	512 EMPIRE AVE.	Address	466 HOLIDAY BLVD
City-State-Zip:	LAKELAND FL 33815	City-State-Zip:	LAKELAND FL 33815
Title	T	Title	VP
Name	GANO, KARL	Name	DAVISON, DONNA
Address	431 COLBALT	Address	303 ALBION AVE
City-State-Zip:	LAKELAND FL 33815	City-State-Zip:	LAKELAND FL 33815
Title	DIRECTOR	Title	DIRECTOR
Name	CLARKE, ERIC	Name	MILLER, PAUL
Address	452 HOLIDAY AVE	Address	560 FALCON AVE
City-State-Zip:	LAKELAND FL 33815	City-State-Zip:	LAKELAND FL 33815
Title	DIRECTOR	Title	DIRECTOR
Name	REED, HELEN	Name	BEERS, PAULA
Address	501 EMPIRE AVE	Address	574 FALCON AVE
City-State-Zip:	LAKELAND FL 33815	City-State-Zip:	LAKELAND FL 33815

**Continues on page 2**

*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:** KARL H GANO

**TREASURER**

**03/24/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            HANDFIELD, GEORGE  
Address        571 FALCON AVE  
City-State-Zip: LAKELAND FL 33815