## **2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36566

Entity Name: HOLIDAY MOBILE HOME PARK ASSOCIATION, INC.

FILED Apr 17, 2021 Secretary of State 3923516376CC

## **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:

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 04/17/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title DIRECTOR Title **PRESIDENT** DEZARN, ARNIE Name PARKER, MARTY Name 482 HOLIDAY BLVD Address 414 COBALT AVE. Address City-State-Zip: LAKELAND FL 33815 LAKELAND FL 33815 City-State-Zip:

Title SECRETARY Title VP

NameCATHCART, GAILNameSMITH, JAMESAddress349 BALDWIN AVE.Address459 HOLIDAY BLVD.City-State-Zip:LAKELAND FL 33815City-State-Zip:LAKELAND FL 33815

Title TREASURER Title DIRECTOR

NameCANINO, LORETTANameGARLAND, RICHARDAddress416 COBALT AVENUEAddress637 AMERICAN WAY.City-State-Zip:LAKELAND FL 33815City-State-Zip:LAKELAND FL 33815

Title ASSISTANT SECRETARY

NameALLEN, BARBARAAddress323 ALBION AVENUECity-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: JAMES E. SMITH VICE PRESIDENT 04/17/2021

Electronic Signature of Signing Officer/Director Detail

Date