## **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36566

Entity Name: HOLIDAY MOBILE HOME PARK ASSOCIATION, INC.

FILED
Apr 14, 2023
Secretary of State
6864500748CC

## **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:

NIGHTINGALE, THERESA 321 ALBION 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: THERESA NIGHTINGALE 04/14/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title TREASURER Title PRESIDENT

NameNIGHTINGALE, THERESANameCOLLINS, BEVERLY JAddress321 ALBION AVEAddress549 FALCON AVENUECity-State-Zip:LAKELAND FL 33815City-State-Zip:LAKELAND FL 33815

TitleDIRECTORTitleDIRECTORNameTHOMAS, VICKINameMEO, FRANK

Address 579 FALCON AVENUE Address 554 FALCON AVENUE
City-State-Zip: LAKELAND FL 33815 City-State-Zip: LAKELAND FL 33815

Title VP Title SECRETARY

Name RUBUCK, JAYNE Name COMPTON, DEBBIE

Address 307 ALBION AVENUE Address 460 HOLIDAY BOULEVARD

City-State-Zip: LAKELAND FL 33815 City-State-Zip: LAKELAND FL 33815

Title DIRECTOR
Name SARGENT, BOB

Address 512 EMPIRE AVENUE
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: BEVERLY J COLLINS PRESIDENT 04/14/2023

Electronic Signature of Signing Officer/Director Detail

Date