

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36566

**FILED**  
**Feb 23, 2018**  
**Secretary of State**  
**CC3892298317**

**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

02/23/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name MILLER, PAUL  
Address 560 FALCON AVE  
City-State-Zip: LAKELAND FL 33815

Title PRESIDENT  
Name CHRISTODOULOU, ANDREAS  
Address 577 FALCON AVE  
City-State-Zip: LAKELAND FL 33815

Title SECRETARY  
Name HEGLER, LINDA  
Address 461 HOLIDAY BLVD.  
City-State-Zip: LAKELAND FL 33815

Title TREASURER  
Name TREDWAY, MARY ANN  
Address 503 EMPIRE AVE  
City-State-Zip: LAKELAND FL 33815

Title VP  
Name DOE, JENNIFER  
Address 343 BALDWIN AVE.  
City-State-Zip: LAKELAND FL 33815

Title DIRECTOR  
Name BEERS, WILLARD  
Address 574 FALCON AVE  
City-State-Zip: LAKELAND FL 33815

Title DIRECTOR  
Name ALLEN, BARBARA  
Address 323 ALBION AVE.  
City-State-Zip: LAKELAND FL 33815

Title DIRECTOR  
Name SMITH, JAMES  
Address 459 HOLIDAY BLVD.  
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:** MARY ANN TREDWAY

**TREASURER**

02/23/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           SPITZER, PATRICIA  
Address        549 FALCON AVE.  
City-State-Zip: LAKELAND FL 33815