2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728740

1. Entity Name



FILED Apr 03, 2003 8:00 am Secretary of State 04-03-2003 90186 031 ****61.25

CIATION,	al cay plantation mobili Inc.	E HOME OWNERS AS	SO C						
Principal Place of Business 6103 COLONIAL DRIVE MARGATE FL 33063		Mailing Address 6103 COLONIAL DRIVE MARGATE FL 33063							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number NO	T APPLICAB	LE		plied For t Applicable
Zip	Country	Zip	Country		5. Certificate of State	tus Desired		8.75 Add	
	6. Name and Address of Current	Registered Agent ~~~~			7. Name and Addre	ess of New Regi	stered A	gent.	
	LEBER		Name						
MARCONI, FRED 2904 NW 61ST AVENUE		Street Address		Address (F	P.O. Box Number is No	ot Acceptable)			
MARGATE	E, FL 33063		·						
*			City		. sares		FL	Zip Code	9
	e named entity submits this statement fo	or the purpose of changing its	registered office o	r register	ed agent, or both, in th	ne State of Florid	a. I am fa	miliar with,	and accept
the obliga	tions of registered agent.				` <u>.</u>	1/2/	, -		
SIGNATURE	Tred mai	coni			9	//3//0	<u> </u>		
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	:: Registered Agent signat	ture required	when reinstating)		DATE		
	, -							<u>.</u>	
	FILE NOW: FEE IS \$61.25	9. Election Carr Trust Fund C	npaign Financing contribution.		\$5.00 May Be Added to Fees			Payable nent of S	
10.	OFFICERS AND DI	Trust Fund C	, .			Florida	Departi	ment of S	State
10.	OFFICERS AND DI	Trust Fund C	11.	<i>I</i>	Added to Fees ADDITIONS/CHANGE	Florida S TO OFFICERS	Departi	ment of S	State
10. TITLE NAME	OFFICERS AND DIE BEAUREGARD, LEON	Trust Fund C	ontribution.	Joh	Added to Fees ADDITIONS/CHANGE TO PORT OF COMMENTS	Florida S TO OFFICERS	Departi	ment of S	itate 10
10.	OFFICERS AND DI PD BEAUREGARD, LEON 6418 NW 28 ST MARGATE FL 33063	Trust Fund C	11. TITLE NAME	Jo A 63.	Added to Fees ADDITIONS/CHANGE	Florida S TO OFFICERS	Departi	ment of S	itate 10
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DII PD BEAUREGARD, LEON 6418 NW 28 ST MARGATE FL 33063 VD	Trust Fund C	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Jo A 63.	Added to Fees ADDITIONS/CHANGE ONNE M. C. G. C.	Florida STO OFFICERS ONNELL 948 P/	AND DIR	ment of S	itate 10
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DII PD BEAUREGARD, LEON 6418 NW 28 ST MARGATE FL 33063 VD REIN, ALICE	Trust Fund C	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	John 63.	Added to Fees ADDITIONS/CHANGE PAINE MC G- 54 NW 2 Argate Fer Cop	Florida STO OFFICERS ON WELL 9 HA P/ FL 33	AND DIR	ment of S ECTORS IN Change	10 Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DII PD BEAUREGARD, LEON 6418 NW 28 ST MARGATE FL 33063 VD REIN, ALICE	Trust Fund C	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Jo A 63.	Added to Fees ADDITIONS/CHANGE PAINE MC G- 54 NW 2 Argate Fer Cop	Florida S TO OFFICERS ON HELL 9 HA P/ FL 33	AND DIR	ment of S ECTORS IN Change	10 Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

BIRETIANNE McGonnell 381/02 954-969-987