FILE NOW: FILING FEE AFTER MAY 1 IS $105.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:02

DOCUMENT # N12902 (5)

1. Corporation Name

DIXIE MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

% WALTER G. MILAN
19640 W. DIXIE HWY., #B212
N MIAMI BEACH FL 33180-2252

Mailing Address

% WALTER G. MILAN
19640 W. DIXIE HWY., #B212
N MIAMI BEACH FL 33180-2252

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/09/1986
3a. Date of Last Report: 03/17/1994
4. FEI Number: 59-2810534 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21
Suite, Apt #, etc 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt #, etc 27
City & State 28
Zip 29 Country 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status X $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MILAN, WALTER G.
19640 W. DIXIE HWY.
#B212
NORTH MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) (Date)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MILAN, WALTER G.
STREET ADDRESS	19640 W DIXIE HWY #B212
CITY ST ZIP	N. MIAMI BEACH FL
TITLE	VP
NAME	BOUCHARD, YVON
STREET ADDRESS	19640 W DIXIE HWY B-209
CITY ST ZIP	N MIAMI BEACH FL
TITLE	VP
NAME	BLEAU, GERARD
STREET ADDRESS	19640 W DIXIE HWY A-115
CITY ST ZIP	N. MIAMI BEACH FL
TITLE	S
NAME	TESSIER, ROGER
STREET ADDRESS	19640 W DIXIE HWY A-104
CITY ST ZIP	N. MIAMI BEACH FL
TITLE	T
NAME	BLANCHETTE, FLORE
STREET ADDRESS	19640 W DIXIE HWY B-203
CITY ST ZIP	N MIAMI BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY ST ZIP		
21 TITLE	D	☐ Change ☒ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP	REMITTED BY MAY 1	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Walter G. Milan (signature and typed or printed name of signing officer or director) 3/24/95 (Date) (305) 931-5161 (Daytime Phone #)

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