

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90052 002 ****61.25

DOCUMENT # N12902

1. Entity Name

DIXIE MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O MARY VAN SLEEN
 19640 W DIXIE HWY #B-217
 MIAMI FL 33180
 US

C/O MARY VAN SLEEN
 19640 W DIXIE HWY. #B-217
 MIAMI FL 33180
 US

2. Principal Place of Business

C/O MARY VAN SLEEN
 Suite, Apt. #, etc. **#B-217**
19640 W. DIXIE HWY.

3. Mailing Address

C/O MARY VAN SLEEN
 Suite, Apt. #, etc. **#B-217**
19640 W. DIXIE HWY.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33180

Country

USA

Zip

33180

Country

USA

4. FEI Number

59-2810534

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VAN SLEEN, MARY
19640 W DIXIE HWY
#B-217
MIAMI FL 33180

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 **MARY VAN SLEEN**

Signature, typed or printed name of registered agent and title if applicable.

Mary Van Sleen

(NOTE: Registered Agent signature required when reinstating)

2/25/02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	VAN SLEEN, MARY	
STREET ADDRESS	19640 W. DIXIE HWY, #B-217	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MICHAUD, ANDRE	
STREET ADDRESS	19640 W DIXIE HWY #B-204	
CITY-ST-ZIP	MIAMI FL 33180	
TITLE	S	<input type="checkbox"/> Delete
NAME	BOUCHARD, RAYMOND	
STREET ADDRESS	19640 W DIXIE HWY #B-209	
CITY-ST-ZIP	MIAMI FL 33180	
TITLE	T	<input type="checkbox"/> Delete
NAME	VAN SLEEN, MARY	
STREET ADDRESS	19640 W DIXIE HWY, B-217	
CITY-ST-ZIP	MIAMI FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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.

SIGNATURE: **MARY VAN SLEEN (MARY VAN SLEEN)**

2/25/02

(305) 682-0920

CR2E037 (9/01)