FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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 FEB 20 AM 11:07

DOCUMENT # 730656 (6)

1. Corporation Name
ASPEN BREEZY HILL MOBILE HOME OWNERS ASSOCIATION , INC.

Principal Place of Business	Mailing Address
403 NE 47TH ST. POMPANO BEACH FL 33064	403 NE 47TH ST. POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/11/1974
3a. Date of Last Report: 04/01/1994
4. FEI Number: 23-7394814 ☐ Applied For ☐ Not Applicable
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 ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SIMPSON, VIRGINIA
403 N.E. 47TH ST.
POMPANO BCH FL 33064

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	LIZOTTE, ROLAND	1.2 NAME	
STREET ADDRESS	4524 N.E. 4TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	DIRECTOR ☒ Change ☐ Addition
NAME	~~CHAMPAGNE, ROGER~~	2.2 NAME	PORTUGAISE, ROD
STREET ADDRESS	~~315 NE 45TH ST.~~	2.3 STREET ADDRESS	358 N.E. 45th Court
CITY-ST-ZIP	~~POMPANO BCH, FL 00000~~	2.4 CITY-ST-ZIP	Pompano Beach, Fl 33064
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	SIMPSON, VIRGINIA H	3.2 NAME	
STREET ADDRESS	403 NE 47TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH. FL	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	☐ Change ☐ Addition
NAME	KLEIN, CHANNA H.	4.2 NAME	
STREET ADDRESS	500 N.E. 47TH COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	GRATTON, JACQUELINE	5.2 NAME	
STREET ADDRESS	383 NE 45TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	MAILHOT, PAUL	6.2 NAME	
STREET ADDRESS	348 N.E. 46TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	6.4 CITY-ST-ZIP	

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)(i), 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: Channa Hillander-Klein Sec./Treas. 2-11-95 305-785-7123
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0040029