

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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



3. Date Incorporated or Qualified

09/11/1974

3a. Date of Last Report

02/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

VIRGINIA SIMPSON
(NOTE: Registered Agent signature required when reinstating)

2-12-96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME LIZOTTE, ROLAND
STREET ADDRESS 4524 N.E. 4TH AVENUE
CITY-ST-ZIP POMPANO BCH, FL 00000

TITLE D ☐ DELETE
NAME PORTUGAISE, ROD
STREET ADDRESS 358 NE 45TH COURT
CITY-ST-ZIP POMPANO BCH, FL 00000

TITLE VP ☐ DELETE
NAME SIMPSON, VIRGINIA H
STREET ADDRESS 403 NE 47TH STREET
CITY-ST-ZIP POMPANO BCH, FL

TITLE ST ☐ DELETE
NAME KLEIN, CHANNA H.
STREET ADDRESS 500 N.E. 47TH COURT
CITY-ST-ZIP POMPANO BEACH FL

TITLE D ☐ DELETE
NAME GRATTON, JACQUELINE
STREET ADDRESS 363 NE 45TH ST.
CITY-ST-ZIP POMPANO BCH, FL 00000

TITLE D ☐ DELETE
NAME MAILHOT, PAUL
STREET ADDRESS 348 N.E. 46TH STREET
CITY-ST-ZIP POMPANO BEACH FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(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: *Channa Klein* - CHANNA KLEIN, SEC/TREAS 2-12-96 (305) 785-7123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)