

FILE NOW: FILING FEE IS \$61.25

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May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**



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

3. Date Incorporated or Qualified 09/11/1974	
4. FEI Number 23-7394814	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	
81 Name GORDON HANNELD	82 Street Address (P.O. Box Number is Not Acceptable) 342 N.E. 45TH ST.
83	84 City POMPANO BEACH FL 85 Zip Code 33064

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 *Gordon Hanneld* **GORDON HANNELD** **4-6-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARNOT, DARLENE	
STREET ADDRESS	375 N.E. 45TH PL	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	HANNELD, GORDON	
STREET ADDRESS	342 N.E. 45TH ST.	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	KLEIN, CHANNA H.	
STREET ADDRESS	500 N.E. 47TH COURT	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRATTON, JACQUELINE	
STREET ADDRESS	363 NE 45TH ST.	
CITY-ST-ZIP	POMPANO BCH, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GRATTON, JACQUELINE	
1.3 STREET ADDRESS	363 N.E. 45TH ST	
1.4 CITY-ST-ZIP	POMPANO BEACH, FL. 33064	
2.1 TITLE	V.P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LUCILE BEARD	
2.3 STREET ADDRESS	562 N.E. 47TH ST	
2.4 CITY-ST-ZIP	POMPANO BCH FL. 33064	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CONNIE COTTER	
3.3 STREET ADDRESS	338 N.E. 47TH ST,	
3.4 CITY-ST-ZIP	POMPANO BEACH FL. 33064	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MARIO DELANO	
4.3 STREET ADDRESS	339 N.E. 47TH ST	
4.4 CITY-ST-ZIP	POMPANO BEACH FL. 33064	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: *Gordon Hanneld* **GORDON HANNELD** **4-6-98 (954) 781-9430**
500/1005.

CR2E037 (10/97)