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Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90011 043 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730656

1. Corporation Name

ASPEN BREEZY HILL MOBILE HOME OWNERS ASSOCIATION
INC.

Principal Place of Business

403 NE 47TH ST.
POMPANO BEACH FL 33064

Mailing Address

403 NE 47TH ST.
POMPANO BEACH FL 33064



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

09/11/1974

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

9. Name and Address of Current Registered Agent

GORDON, HANNELD
342 NE 45TH STREET
POMPANO BCH FL 33064

10. Name and Address of New Registered Agent

81 Name VIRGINIA SIMPSON
82 Street Address (P.O. Box Number is Not Acceptable)
403 N.E. 47TH STREET
83 POMPANO BEACH
84 City 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 VIRGINIA SIMPSON
Signature, typed or printed name of registered agent and title if applicable.

Virginia H. Simpson
(NOTE: Registered Agent signature required when reinstating)

4-10-99
DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME GRATTON, JACQUELINE
STREET ADDRESS 363 NE 45TH STREET
CITY-ST-ZIP POMPANO BEACH FL

TITLE ST ☒ DELETE

NAME HANNELD, GORDON
STREET ADDRESS 342 N.E. 45TH ST.
CITY-ST-ZIP POMPANO BEACH FL

TITLE VP ☒ DELETE

NAME BEARD, LUCILE
STREET ADDRESS 562 NE 47TH STREET
CITY-ST-ZIP POMPANO BEACH FL

TITLE D ☐ DELETE

NAME COTTER, CONNIE
STREET ADDRESS 338 NE 47TH STREET
CITY-ST-ZIP POMPANO BCH FL 33064

TITLE D ☒ DELETE

NAME DELAND, MARIO
STREET ADDRESS 339 NE 47TH STREET
CITY-ST-ZIP POMPANO BCH FL 33064

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ST VIRGINIA SIMPSON ☒ Change ☒ Addition
403 NE 47TH STREET
POMPANO BEACH, FLA. 33064
YR RITA BOULETTE ☐ Change ☒ Addition
320 NE 47TH STREET
POMPANO BEACH, FLA 33064

DFRAN MOHR ☐ Change ☒ Addition
383 NE 45 PLACE
POMPANO BEACH, FLA 33064

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, with all other like empowered.

SIGNATURE: VIRGINIA SIMPSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-99 954-785-0256
Date Daytime Phone #

CR2E037 (11/98)