4/14/1

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2000 8:00 am
Secretary of State
04-12-2000 90151 048 ****61.25

DOCUMENT # 730656

1. Entity Name

ASPEN BREEZY HILL MOBILE HOME OWNERS ASSOCIATION

Principal Place of Business	Mailing Address
403 NE 47TH ST. POMPANO BEACH FL 33064	403 NE 47TH ST. POMPANO BEACH FL 33064-4142

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
POMPA NO	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 23-7394814 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SIMPSON, VIRGINA 403 N.E. 47TH ST POMPANO BCH FL 33064	Name: VIRGINIA SIMPSON Street Address (P.O. Box Number is Not Acceptable): 403 NE 47th STREET City: POMPANO BEACH FL Zip Code: 33064

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: VIRGINIA SIMPSON Virginia H. Simpson DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GRATTON, JACQUELINE 363 NE 45TH STREET POMPANO BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P THOMPSON, JAMES 332 NE 46 STREET POMPANO BEACH, FLA 33064 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SF~~ D SIMPSON, VIRGINA 403 NW 47TH ST POMPANO BEACH FL 33064	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BOULETTE, RITA 320 NE 47TH ST POMPANO BEACH FL 33064	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COTTER, CONNIE 338 NE 47TH STREET POMPANO BCH FL 33064	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOHR, FRAN 383 NE 45 PLACE POMPANO BCH FL 33064	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DESMARTEAU CHARLES 503 NE 47ST SEC-TREA POMPANO FLA 33064	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: SIGNATURE REQUIRED Jacqueline Gratton Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #