

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90066 050 \*\*\*\*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

2. Principal Place of Business

3. Mailing Address

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

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	P	<input checked="" type="checkbox"/> Delete
NAME	GRATTON, JACQUELINE	
STREET ADDRESS	363 NE 45TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	<del>ST</del>	<input type="checkbox"/> Delete
NAME	SIMPSON, VIRGINA	
STREET ADDRESS	403 NW 47TH ST	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BOULETTE, RITA	
STREET ADDRESS	320 NE 47TH ST	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COTTER, CONNIE	
STREET ADDRESS	338 NE 47TH STREET	
CITY-ST-ZIP	POMPANO BCH FL 33064	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOHR, FRAN	
STREET ADDRESS	383 NE 45 PLACE	
CITY-ST-ZIP	POMPANO BCH FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEON ALBERTELLI	
STREET ADDRESS	300 NE 47TH COURT	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMPSON VIRGINIA	
STREET ADDRESS	403 NW 47TH ST	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAMUEL CIRINO	
STREET ADDRESS	303 NE 45TH PLACE	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDA BERTHIAUME	
STREET ADDRESS	310 NE 45TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARD BERTHIAUME	
STREET ADDRESS	310 NE 45TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33064	

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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-01

Date

Daytime Phone #

CR2E037 (10/00)