

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91491 037 ****61.25

DOCUMENT # 730656

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7394814

Applied For

Not Applicable

Zip

Country

Zip

Country

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, VIRGINIA
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** ☐ Delete
NAME **ALBERTELLI, LEON**
STREET ADDRESS **300 NE 47 CT**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **S** ☐ Change ☒ Addition
NAME **ALLEN GLASS**
STREET ADDRESS **374 NE 47TH ST**
CITY-ST-ZIP **POMPANO BCH FL 33064**

TITLE **D** ☐ Delete
NAME **SIMPSON, VIRGINIA**
STREET ADDRESS **403 NW 47TH ST**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **D** ☐ Change ☒ Addition
NAME **BOB DESROCHES**
STREET ADDRESS **301 NE 47TH COURT**
CITY-ST-ZIP **POMPANO BCH FL 33064**

TITLE **VP** ☐ Delete
NAME **CIRINO, SAMUEL**
STREET ADDRESS **303 NE 45 PL**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **D** ☐ Change ☒ Addition
NAME **TROND BJORNARD**
STREET ADDRESS **460 NE 47TH ST.**
CITY-ST-ZIP **POMPANO BCH FL 33064**

TITLE **S** ☒ Delete
NAME **BERTHIAUME, LINDA**
STREET ADDRESS **310 NE 45 ST**
CITY-ST-ZIP **POMPANO BCH FL 33064**

TITLE **D** ☒ Change ☐ Addition
NAME **BERTHIAUME LINDA**
STREET ADDRESS **310 NE 45 ST**
CITY-ST-ZIP **POMPANO BCH FL 33064**

TITLE **D** ☒ Delete
NAME **MOHR, FRAN**
STREET ADDRESS **383 NE 45 PLACE**
CITY-ST-ZIP **POMPANO BCH FL 33064**

TITLE **D** ☐ Change ☒ Addition
NAME **JEAN SIMON**
STREET ADDRESS **380 NE 46TH ST**
CITY-ST-ZIP **POMPANO BCH FL. 33064**

TITLE **T** ☐ Delete
NAME **BERTHIAUME, EDWARD**
STREET ADDRESS **310 NE 45 ST**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **D** ☐ Change ☒ Addition
NAME **MARCEL ST PIERRE**
STREET ADDRESS **605 NE 47TH CT**
CITY-ST-ZIP **POMPANO BCH 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)(j), 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: *Edward C. Berthiaume* **EDWARD C. BERTHIAUME** 4-13-02 782-4084 954

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)