

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90044 036 \*\*\*\*61.25

**DOCUMENT # 730656**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

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, 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. I am familiar with, and accept the obligations of registered agent.

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  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida 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 **Director** ☐ Change ☒ Addition  
NAME **Bernier Gloria**  
STREET ADDRESS **4556 NE 4th Ave**  
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 **Secretary** ☐ Change ☒ Addition  
NAME **LYDIA CAMILOA**  
STREET ADDRESS **310 NE 45th PL**  
CITY-ST-ZIP **POMPANO BEACH, FL 33064**

TITLE **S** ☐ Delete  
NAME **SYNDER, KATHLEEN**  
STREET ADDRESS **326 NE 45TH PL**  
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **KATHLEEN A. RICHARDS**  
STREET ADDRESS **326 NE 45th PL**  
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **D** ☒ Delete  
NAME **GLASS, ALLEN**  
STREET ADDRESS **374 NE 47TH ST**  
CITY-ST-ZIP **POMPANO BCH FL 33064**

TITLE **director** ☐ Change ☒ Addition  
NAME **MONTEFORTE - CHARLES J. JR**  
STREET ADDRESS **303 NE 45th PL**  
CITY-ST-ZIP **Pompano Bch, FL - 33064**

TITLE **D** ☐ Delete  
NAME **DESROCHES, BOB**  
STREET ADDRESS **301 NE 47TH ST**  
CITY-ST-ZIP **POMPANO BCH FL 33064**

TITLE **vice - president** ☒ Change ☐ Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

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

TITLE **TREASURER** ☐ Change ☒ Addition  
NAME **LACHAINE SUZAN**  
STREET ADDRESS **350 NE 45 ST**  
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*March 15, 2004 (954) 785-8499*

Date

Daytime Phone #