

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90080 048 ****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
326 NE 45 PL	326 NE 45 PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.



1st MOORE CR2E037 (10/04)

City & State	Country	City & State	Country
Pompano Bch FL	USA	Pompano Beach Fla	USA
Zip		Zip	
33064		33064	

4. FEI Number	Applied For
23-7394814	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent	
SIMPSON, VIRGINIA 403 N.E. 47TH ST POMPANO BCH FL 33064	

7. Name and Address of New Registered Agent	
Name	Kathleen RICHARDS
Street Address (P.O. Box Number is Not Acceptable)	326 NE 45 PL
City	Pompano Bch 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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE [Signature] 2005-02-24
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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	BERNIER, GLORIA
STREET ADDRESS	4556 NE 4TH AVE.
CITY-ST-ZIP	POMPANO BEACH FL 33064
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	SIMPSON, VIRGINIA
STREET ADDRESS	403 NW 47TH ST
CITY-ST-ZIP	POMPANO BEACH FL 33064
TITLE	P <input type="checkbox"/> Delete
NAME	SYNDER, KATHLEEN
STREET ADDRESS	326 NE 45TH PL
CITY-ST-ZIP	POMPANO BEACH FL 33064
TITLE	S <input checked="" type="checkbox"/> Delete
NAME	CAMILOA, LYDIA
STREET ADDRESS	310 NE 45TH PL
CITY-ST-ZIP	POMPANO BEACH FL 33064
TITLE	VP <input type="checkbox"/> Delete
NAME	DESROCHES, BOB
STREET ADDRESS	301 NE 47TH ST
CITY-ST-ZIP	POMPANO BCH FL 33064
TITLE	T <input type="checkbox"/> Delete
NAME	LACHAINE, SUZAN
STREET ADDRESS	350 NE 45 CT
CITY-ST-ZIP	POMPANO BEACH FL 33064

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRIBERG MARILYN
STREET ADDRESS	530 NE 47CT
CITY-ST-ZIP	Pompano Bch FL 33064
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUDWIG Pam
STREET ADDRESS	405 NE 47 ST
CITY-ST-ZIP	POMPANO Bch FL 33064
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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] 2005-02-24 954-785-8499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #