


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90016 038 ****61.25

DOCUMENT # 730656 1. Entity Name ASPEN BREEZY HILL MOBILE HOME OWNERS ASSOCIATION, INC.			
Principal Place of Business 326 NE 45 PL POMPAÑO BEACH, FL 33064		Mailing Address 326 NE 45 PL POMPAÑO BEACH, FL 33064	
2. Principal Place of Business - No P.O. Box # 4556 N.E. 4th Ave Suite, Apt. #, etc.		3. Mailing Address 4556 NE 4th Ave Suite, Apt. #, etc.	
City & State Pompano Bch FL Zip 33064		City & State Pompano Bch FL Zip 33064	
4. FEI Number 23-7394814		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERNIER, GLORIA 4556 NE 4TH AVE. POMPAÑO BCH, FL 33064		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BERNIER, GLORIA 4556 NE 4TH AVE. POMPAÑO BEACH, FL 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILKERSON, CAROLYN 4540 NE 4TH AVE. POMPAÑO BEACH, FL 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SYNDER, KATHLEEN 326 NE 45TH PL POMPAÑO BEACH, FL 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete Fran Mohr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 383 N.E. 45th Place Pompano Bch FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCRAE, CLAUDETTE 391 NW 45 PL POMPAÑO BEACH, FL 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete Elisabeth Buckley <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 520 N.E. 47th Pompano Bch FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAMEL, MARCEL 364 NE 45 CT. POMPAÑO BCH, FL 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LACHAINE, SUZAN 350 NE 45 CT POMPAÑO BEACH, FL 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Gloria M. Bernier</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2-11-08 954-781-3296 <small>Date Daytime Phone #</small>	