

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730656

FILED
Jan 26, 2009
Secretary of State

Entity Name: ASPEN BREEZY HILL MOBILE HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4556 NE 4TH AVE
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

4556 NE 4TH AVE
POMPANO BEACH, FL 33064

New Mailing Address:

FEI Number: 23-7394814

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERNIER, GLORIA
4556 NE 4TH AVE.
POMPANO BCH, FL 33064 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: BERNIER, GLORIA
Address: 4556 NE 4TH AVE.
City-St-Zip: POMPANO BEACH, FL 33064

Title: S () Delete
Name: WILKERSON, CAROLYN
Address: 4540 NE 4TH AVE.
City-St-Zip: POMPANO BEACH, FL 33064

Title: D () Delete
Name: MOHR, FRAN
Address: 383 NE 45TH PLACE
City-St-Zip: POMPANO BEACH, FL 33064

Title: D () Delete
Name: BUCKLEY, ELISABETH
Address: 520 NE 47 CT
City-St-Zip: POMPANO BEACH, FL 33604

Title: P () Delete
Name: HAMEL, MARCEL
Address: 364 NE 45 CT.
City-St-Zip: POMPANO BCH, FL 33064

Title: T () Delete
Name: LACHAINE, SUZAN
Address: 350 NE 45 CT
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WILKERSON, CAROLYN
Address: 4540 NE 4TH AVE.
City-St-Zip: POMPANO BEACH, FL 33064

Title: S (X) Change () Addition
Name: COLLIN, GUY
Address: 530 NE 47CT
City-St-Zip: POMPANO BEACH, FL 33064

Title: D (X) Change () Addition
Name: LUDWIG, PAM
Address: 342 NE 45PL
City-St-Zip: POMPANO BEACH, FL 33604

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLORIA BERNIER

VP

01/26/2009

Electronic Signature of Signing Officer or Director

Date