# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jun 02, 2003 8:00 am**
**Secretary of State**
05-05-2003 91450 043 ****61.25

55045585

DOCUMENT # 730656

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

| Principal Place of Business | Mailing Address |
|---|---|
| 403 NE 47TH ST.<br>POMPANO BEACH FL 33064 | 403 NE 47TH ST.<br>POMPANO BEACH FL 33064 |

☐ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

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**

SIMPSON, VIRGINIA
403 N.E. 47TH ST
POMPANO BCH FL 33064

**7. Name and Address of New Registered Agent**

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**

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>ALBERTELLI, LEON<br>300 NE 47 CT<br>POMPANO BEACH FL 33064 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>SNYDER KATHLEEN<br>326 N.E. 45TH PL<br>POMPANO BCH. FL. 33064 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SIMPSON, VIRGINIA<br>403 NW 47TH ST<br>POMPANO BEACH FL 33064 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D MARCEL ST PIERRE<br>605 N.E. 47TH CT.<br>POMPANO BCH FL, 33064 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>CIRINO, SAMUEL<br>303 NE 45 PL<br>POMPANO BEACH FL 33064 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP BENOIT GAUTHIER<br>~~[illegible]~~<br>345 N.E. 45TH ST.<br>POMPANO BCH FL. 33064 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>GLASS, ALLEN<br>374 NE 47TH ST<br>POMPANO BCH FL 33064 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | GLASS ALLEN DIRECTOR<br>374 N.E. 47TH ST<br>POMPANO BCH FL, 33064 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DESROCHES, BOB<br>301 NE 47TH ST<br>POMPANO BCH FL 33064 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>CECILE GRAY<br>337 N.E. 45 CT<br>POMPANO BCH FL. 33064 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>BERTHIAUME, EDWARD<br>310 NE 45 ST<br>POMPANO BEACH FL 33064 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LINDA BERTHIAUME<br>310 N.E 45TH ST.<br>POMPANO BCH. FL. 33064 | ☐ Change ☒ Addition |

CR2E037 (10/02)

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 REQUIRED Kathleen Snyder 5/3/03 (954) 785-8499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #