

FILE NOW: FILING FEE IS \$61.25

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Apr 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **746675** (8)

1. Corporation Name

**SEMINOLE PARK MOBILE HOMEOWNERS ASSOCIATION, INC**



Principal Place of Business <b>39 WOODLAND DR HOLLYWOOD FL 33021 US</b>	Mailing Address <b>39 WOODLAND DR HOLLYWOOD FL 33021 US</b>
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3. Date Incorporated or Qualified <b>04/09/1979</b>	
4. FEI Number <b>NOT APPLICABLE</b>	Applied For <b>NOT APPLICABLE</b>

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>25</b> Suite, Apt. #, etc. <b>26</b> City & State <b>27</b> Zip <b>28</b> Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**ERNEST MAINVILLE  
39 WOODLAND DRIVE  
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent  
**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Ernest Mainville* **ERNEST MAINVILLE** **2/2/98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE <b>D HAMEL, MARC 4 ROADS ENDS DRIVE HOLLYWOOD FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> DELETE <b>VD BOULIANE, GILES 19 FERN DR HOLLYWOOD FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE <b>TD NICOLETTI, BARBARA 13 VINE ST HOLLYWOOD FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE <b>S HOPFINGER, JEANNINE 3 MELODY LANE HOLLYWOOD FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> DELETE <b>PD MORRISSEAU, HERBE 8 WOODLAND DR HOLLYWOOD FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE <b>D WESTON, MIKE 9 TEEPEE TRAIL HOLLYWOOD FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3 ROADS END</b>
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D CHAGNON, ROBERT 1 ROADS END HOLLYWOOD FL</b>
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barbara Nicoletti* **2/2/98**  
Signature and typed or printed name of signing officer or director Date Daytime Phone # \_\_\_\_\_

CR2E037 (10/97)