

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90328 033 ****61.25

DOCUMENT # **74 66 75**

1. Entity Name

SEMINOLE PARK MOBILE HOMEOWNERS
ASSOC., INC.

DO NOT WRITE IN THIS SPACE

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

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Frank L. Nicoletti

Street Address (P.O. Box Number is Not Acceptable)

13 Vine St.

City

Hollywood

FL

Zip Code

33021

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Frank L. Nicoletti

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-5-02

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
ROBERT CHAGNON,
1 ROADS END DRIVE,
HOLLYWOOD, FL. 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
MARC HAMEL,
4 ROADS END DRIVE,
HOLLYWOOD, FL. 33021.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
JEANNINE HOPFINGER,
6 ROADS END DRIVE,
HOLLYWOOD, FL. 33021.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
MARYROSE LUTHER,
1 SUNSET DRIVE,
HOLLYWOOD, FL. 33021,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
BARBARA NICOLETTI,
13 VINE STREET,
HOLLYWOOD, FL. 33021.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
RALPH LEO,
2 FERN DRIVE,
HOLLYWOOD, FL. 33021.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **MARC HAMEL**

Marc Hamel

02/15/02 954-964-2537

CR2E037B (12/01)