

2005 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746675

1. Entity Name
**SEMINOLE PARK MOBILE HOMEOWNERS
ASSOCIATION, INC**



Principal Place of Business

22 ACORN DRIVE
HOLLYWOOD, FL 33021 US

Mailing Address

22 ACORN DRIVE
HOLLYWOOD, FL 33021 US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

05

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NICOLETTI, FRANK L
13 VINE STREET
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name

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

100054013841

City

05/06/05--01084--010
FL Zip Code 25

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 \$6125

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

TITLE	T	☒ Delete
NAME	HAMEL, MARC	
STREET ADDRESS	4 ROADS ENDS DRIVE	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	D	☒ Delete
NAME	RALPH, LEO	
STREET ADDRESS	2 FERN DRIVE	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	D	☒ Delete
NAME	LUTHER, MARYROSE	
STREET ADDRESS	1 SUNSET DR	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	S	☒ Delete
NAME	HOPFINGER, JEANNINE	
STREET ADDRESS	3 ROADS END	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	P	☒ Delete
NAME	CHAGNON, ROBERT	
STREET ADDRESS	1 ROADS END	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	D	☒ Delete
NAME	NICOLETTI, BARBARA	
STREET ADDRESS	13 VINE STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	☐ Change ☒ Addition
NAME	MIKE MATHIEU	
STREET ADDRESS	10 ACORN DRIVE	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	P	☒ Change ☐ Addition
NAME	RAIAH, LEO	
STREET ADDRESS	2 FERN DRIVE	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	S	☐ Change ☒ Addition
NAME	GARNITY, SHIRLEY	
STREET ADDRESS	7 BIG OAK LANE	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	VP	☐ Change ☒ Addition
NAME	TONY DEMMA	
STREET ADDRESS	9 SUNSET DRIVE	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	D	☐ Change ☒ Addition
NAME	ALEX RAPACZ	
STREET ADDRESS	29 WOODLAND	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	D	☐ Change ☒ Addition
NAME	THERESA DA SILVA	
STREET ADDRESS	16 MOSS LANE	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	

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:

Mike Mathieu

4-11-05

954-981-3446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MIKE MATHIEU

CR2E037 (10/02)