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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 747720

1. Corporation Name

BAMBOO MOBILE HOME PARK TENANTS' ASSOCIATION, INC.

Principal Place of Business

2402 CHARLES RD.
 PEMBROKE PARK FL 33009
 US

Mailing Address

2402 CHARLES RD.
 PEMBROKE PARK FL 33009
 US



21 Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
22 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number	
23 City & State		27 City & State		59-1895013 (Correct)	
24 Zip		28 Zip		5. Certificate of Status Desired	
25 Country		29 Country		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

GILSON, R.J.
 2402 CHARLES RD.
 PEMBROKE PARK, FL.
 HALLANDALE FL 33009

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 _____ DATE 3-22-1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	PLANT, LOUISE	1.2 NAME	
STREET ADDRESS	2406 CHARLES ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	1.4 CITY-ST-ZIP	Same
TITLE	D	2.1 TITLE	
NAME	TESSIER, ANGIE	2.2 NAME	
STREET ADDRESS	2422 CHARLES RD	2.3 STREET ADDRESS	No Change
CITY-ST-ZIP	HALLANDALE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	ORR, BARBARA	3.2 NAME	
STREET ADDRESS	2401 SUSAN LANE	3.3 STREET ADDRESS	Same
CITY-ST-ZIP	HALLANDALE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	GILSON, PATRICIA	4.2 NAME	
STREET ADDRESS	2402 CHARLES RD	4.3 STREET ADDRESS	No Change
CITY-ST-ZIP	HALLANDALE FL	4.4 CITY-ST-ZIP	
TITLE	ST	5.1 TITLE	
NAME	GILSON, R.J.	5.2 NAME	
STREET ADDRESS	% 2402 CHARLES ROAD	5.3 STREET ADDRESS	Same
CITY-ST-ZIP	PEMBROKE PARK, FL 0	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	LACHAINE, ANDREA	6.2 NAME	
STREET ADDRESS	2417 SW 31ST AVE	6.3 STREET ADDRESS	No Change
CITY-ST-ZIP	HALLANDALE FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED R.J. Gilson 3-22-99 954-967-8666