

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 25, 1999 8:00 am  
Secretary of State

03-25-1999 90013 041 \*\*\*\*61.25

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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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

-06/19/1979

4. FEI Number  
59-1895013

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-22-1999

12. OFFICERS AND DIRECTORS

TITLE P  
NAME PLANT, LOUISE  
STREET ADDRESS 2406 CHARLES ROAD  
CITY-ST-ZIP HALLANDALE FL

TITLE D  
NAME TESSIER, ANGIE  
STREET ADDRESS 2422 CHARLES RD  
CITY-ST-ZIP HALLANDALE FL

TITLE D  
NAME ORR, BARBARA  
STREET ADDRESS 2401 SUSAN LANE  
CITY-ST-ZIP HALLANDALE FL

TITLE D  
NAME GILSON, PATRICIA  
STREET ADDRESS 2402 CHARLES RD  
CITY-ST-ZIP HALLANDALE FL

TITLE ST  
NAME GILSON, R.J.  
STREET ADDRESS % 2402 CHARLES ROAD  
CITY-ST-ZIP PEMBROKE PARK, FL 0

TITLE D  
NAME LACHAINE, ANDREA  
STREET ADDRESS 2417 SW 31ST AVE  
CITY-ST-ZIP HALLANDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-22-99

954-967-8666