2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State
03-28-2002 90011 050 ****61.25

DOCUMENT # 751661

1. Entity Name

LONE PINE WEST MOBILE PARK HOME OWNERS ASSOCIATI ON, INC.

Principal Place of Business	Mailing Address
119 DRIVE/LONE PINE PEMBROKE PARK FL 33009 US	119 DRIVE/LONE PINE PEMBROKE PARK FL 33009 US

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 59-2051062 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TREMBLAY, CLEMENT 119 DRIVE LONE PINE WEST PEMBROKE PARK FL 33009	Name Street Address (P.O. Box Number is Not Acceptable) DEP/ City FC 4 **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BOUTHILLIER, ANDRE' 402 LANE LONE PINE WEST PEMBROKE PARK FL 33009	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROY CLAIRE 350 LANE LONE PINE WEST PEMBROKE PARK FL 33009	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GENDRON, GILLES 138 TERRACE LONE PINE W PEMBROKE PARK FL 33009	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V RONDEAU ROLLAND 144 TERRACE LONE PINE W PEMBROKE PARK FL 33009	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TREMBLAY, CLEMENT 119 DRIVE LONE PINE W PEMBROKE PARK FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAPIERRE, ROLLAND 204 LANE LONE PINE W PEMBROKE PARK FL 33009	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FORGET PATRICIA 347LANE LONE PINE W PEMBROKE PARK FL 33009	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DURIVAGE, LILIANNE 410 LANE LONE PINE W PEMBROKE PARK FL 33009	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PELLETIER REJEANNE 150 DRIVE LONE PINE W PEMBROKE PARK FL 33009	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAMBERT, MADELINE 133 TERRACE LONE PINE W PEMBROKE PARK FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: SIGNATURE REQUIRED Trés. 3/12/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #