

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN -8 AM 9:36

DOCUMENT # 762123

(8)

1. Corporation Name

COUNTRY CLUB MOBILE HOME OWNERS FEDERATION, INC.

Principal Place of Business

Mailing Address

2905 NW 28TH AVE.
OAKLAND PARK FL 33311
US

2905 NW 28TH AVE.
OAKLAND PARK FL 33311
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1982

3a. Date of Last Report

03/15/1994

4. FEI Number

65-0078928

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$6.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

26

2764 N.W. 29th STREET

22

27

23

28

OAKLAND PARK
FLORIDA 33311-1324

24

25

Country

29

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THIBODEAU, MAURICE
2905 NW 28TH AVE.
OAKLAND PARK FL 33311

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	DUMONT, MARC
STREET ADDRESS	2790 N.W. 29TH ST.
CITY - ST - ZIP	OAKLAND PARK FL 33311
TITLE	VD
NAME	BOUGIE, FLORIAN
STREET ADDRESS	2765 NW 29TH ST.
CITY - ST - ZIP	OAKLAND PARK FL
TITLE	SD
NAME	MARQUIS, CLAIRE
STREET ADDRESS	2788 NW 29TH PLACE
CITY - ST - ZIP	OAKLAND PARK FL
TITLE	TD
NAME	BUSSIÈRES, ANDRE
STREET ADDRESS	2764 N.W. 29TH ST.
CITY - ST - ZIP	OAKLAND PARK FL 33311
TITLE	D
NAME	THIBODEAU, MAURICE
STREET ADDRESS	2905 NW 28TH AVE.
CITY - ST - ZIP	OAKLAND PARK FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	PATENAUDE J. PAUL	
1.3 STREET ADDRESS	2943 NW 28th TERRACE	
1.4 CITY - ST - ZIP	OAKLAND PARK, FL. 33311	
2.1 TITLE	VD	☒ Change ☐ Addition
2.2 NAME	CHARLEBOIS REJEAN	
2.3 STREET ADDRESS	2801 NW 30th COURT	
2.4 CITY - ST - ZIP	OAKLAND PARK, FL. 33311	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	D	☐ Change ☒ Addition
6.2 NAME	DELISLE WILBROD	
6.3 STREET ADDRESS	3015 NW 28th TERRACE	
6.4 CITY - ST - ZIP	OAKLAND PARK, FL. 33311	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE:

Andre Bussieres
ANDRE BUSSIÈRES

MARCH 20 1995 (305) 739-8916

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone