

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766437

FILED
Feb 08, 2010
Secretary of State

Entity Name: AQUA ISLES MOBILE HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

900 AQUA ISLES BLVD
A-3
LABELLE, FL 33935 US

New Principal Place of Business:

900 AQUA ISLES BLVD
B-17
LABELLE, FL 33935 US

Current Mailing Address:

900 AQUA ISLES BLVD
B-17
LABELLE, FL 33935 US

New Mailing Address:

FEI Number: 59-2348480 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

TOLER, OLIVIA W
900 AQUA ISLES BLVD
LOT B-17
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: DALLAIRE, GASTON
Address: 900 AQUA ISLES BLVD, LOT A-13
City-St-Zip: LABELLE, FL 33935 US

Title: S
Name: BRUCE, LANE
Address: 900 AQUA ISLES BLVD, LOT B-16
City-St-Zip: LABELLE, FL 33935 US

Title: T
Name: TOLER, OLIVIA W
Address: 900 AQUA ISLES BLVD., LOT B-17
City-St-Zip: LABELLE, FL 33935 US

Title: D
Name: KING, FAYE
Address: 900 AQUA ISLES BLVD, A-22
City-St-Zip: LABELLE, FL 33935 US

Title: D
Name: CRAIG, DON
Address: 900 AQUA ISLES BLVD, LOT A-3
City-St-Zip: LABELLE, FL 33935 US

Title: D
Name: SPAULDING, RON
Address: 900 AQUA ISLES BLVD E-22
City-St-Zip: LABELLE, FL 33935 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: OLIVIA TOLER

TREA

02/08/2010

Electronic Signature of Signing Officer or Director

Date