2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED

Mar 27, 2006 8:00 am

Secretary of State DOCUMENT # M73014 03-27-2006 90259 018 ***150.00 1. Entity Name BROADVIEW MOBILE HOME PARK, INC. Mailing Address Principal Place of Business BROADVIEW MOBILE HOME PK INC 1701 POST RD 1701 POST RD. MELBOURNE FL 32935 OFFICE MELBOURNE FL 32935 2. Principal Place of Business RDADVIEW Mobile PRINC 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For 59-2901814 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YAZELL, MAX H. Street Address (P.O. Box Number is Not Acceptable) 2370 HÓNEY BROOK CREEK DR MELBOURNE FL 32935 City 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. I am familiar with, and accept the obligations of registered agent. 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 \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE מו ☐ Delete TITLE ■ Addition NAME YAZELL, MAX H. NAME STREET ADDRESS STREET ADDRESS 2370 HONEY BROOK CREEK DR CITY-ST-ZIP MELBOURNE FL 32935 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change nnilihhA 🔲 NAME YAZELL, BARBARA J. STREET ADDRESS 2370 HONEYBROOK CREEK RD STREET ADDRESS CITY-ST-ZiP CITY-ST-7IP MELBOURNE FL 32935 Delete THILE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11

A J. YAZELL 3-16-06 321-757-9630

if changed, or on an attachment with an address, with all other like empowered.