2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED **DOCUMENT # N08043** Jan 20, 2000 8:00 am Secretary of State 1. Entity Name EVENING STAR MOBILE HOMEOWNERS ASSOCIATION INC. 01-20-2000 90178 015 ****61.25 Principal Place of Business Mailing Address 6101 CLEVELAND ST. E-17 6101 CLEVELAND ST. E-17 % YVON BARBEAU % YVON BARBEAU HOLLYWOOD FL 33024-6090 HOLLYWOOD FL 33024 Γ Λ Ω Ω Ω Ω Ω Ω 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-0356580 Not Applicable Zip Country -Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BARBEAU, YVON 6101 CLEVELAND ST., E-17 HOLLYWOOD FL 33024 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition TITLE Change TITLE ☐ Delete BEAUDRY, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 6101 CLEVELAND B-15 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33024 ☐ Delete ☐ Change ☐ Addition TITLE NAME LELIEVRE, ROBERT NAME STREET ADDRESS STREET ADDRESS 6101-CLEVELAND-E-7---CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME PELLETIER, GILLES NAME STREET ADDRESS STREET ADDRESS 6101 CLEVELAND E-8 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME BARBEAU, YVON STREET ADDRESS STREET ADDRESS 6101 CLEVELAND ST E-17 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL ☐ Change Addition TITLE ☐ Delete TITLE NAME **GOYETTE, FERNANO** NAME STREET ADDRESS STREET ADDRESS 6101 CLEVELAND D-12 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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