

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90032 047 ****61.25

DOCUMENT # N08043

1. Entity Name

EVENING STAR MOBILE HOMEOWNERS ASSOCIATION INC.

Principal Place of Business

Mailing Address

6101 CLEVELAND ST. E-17
 % YVON BARBEAU
 HOLLYWOOD FL 33024

6101 CLEVELAND ST. E-17
 % YVON BARBEAU
 HOLLYWOOD FL 33024

80058504



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0356580

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BARBEAU, YVON
 6101 CLEVELAND ST., E-17
 HOLLYWOOD FL 33024

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 PD
 NAME BEAUDRY, ROBERT ☒ Delete
 STREET ADDRESS 6101 CLEVELAND B-15
 CITY-ST-ZIP HOLLYWOOD FL 33024

TITLE PD
 NAME ROBERT CLAUDE ☐ Change ☒ Addition
 STREET ADDRESS LOT D-3
 CITY-ST-ZIP

TITLE S
 NAME MAJOR, CARMEN ☒ Delete
 STREET ADDRESS 6101 CLEVELAND, E-7
 CITY-ST-ZIP HOLLYWOOD FL

TITLE S
 NAME YOUNG LORRAINE ☐ Change ☒ Addition
 STREET ADDRESS LOT D-4
 CITY-ST-ZIP

TITLE D
 NAME MASSON, ROBERT ☒ Delete
 STREET ADDRESS 6101 CLEVELAND, B3
 CITY-ST-ZIP HOLLYWOOD FL

TITLE D
 NAME ROSS VINCENT ☐ Change ☒ Addition
 STREET ADDRESS LOT B-9
 CITY-ST-ZIP

TITLE T
 NAME BARBEAU, YVON ☐ Delete
 STREET ADDRESS 6101 CLEVELAND ST E-17
 CITY-ST-ZIP HOLLYWOOD FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
 NAME GOYETTE, FERNAND ☐ Delete
 STREET ADDRESS 6101 CLEVELAND D-12
 CITY-ST-ZIP HOLLYWOOD FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)