

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90032 020 ****61.25

DOCUMENT # N08043

1. Entity Name

**EVENING STAR MOBILE HOMEOWNERS ASSOCIATION
INC.**



Principal Place of Business

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

Mailing Address

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

94013880



MOORE CR2E037 (11/03)

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. 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 \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	FERLAND, ROSIANE	
STREET ADDRESS	6101 CLEVELAND LOT D-3	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	S	<input type="checkbox"/> Delete
NAME	LANDRY, DENISE	
STREET ADDRESS	6101 CLEVELAND LOT D-4	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSS, VINCENT	
STREET ADDRESS	6101 CLEVELAND LOT B-9	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	I	<input type="checkbox"/> Delete
NAME	BARBEAU, YVON	
STREET ADDRESS	6101 CLEVELAND ST E-17	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GOYETTE, FERNANO	
STREET ADDRESS	6101 CLEVELAND D-12	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LALANCETTE, ROBERT	
STREET ADDRESS	6101 CLEVELAND E-9	
CITY-ST-ZIP	HOLLYWOOD, FL 33024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Yvon Barbeau
YVON BARBEAU

Feb 6th 2004
Feb 6th 2004

962
954-962-7659

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #