



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90007 045 ****61.25

DOCUMENT # N08043 1. Entity Name EVENING STAR MOBILE HOMEOWNERS ASSOCIATION INC.					
Principal Place of Business 6101 CLEVELAND ST. LOT A-4 HOLLYWOOD, FL 33024			Mailing Address 6101 CLEVELAND ST. LOT A-4 HOLLYWOOD, FL 33024		
2. Principal Place of Business - No P.O. Box # 6101 CLEVELAND ST		3. Mailing Address 6101 CLEVELAND ST		40054330 	
Suite, Apt. #, etc. LOT A-20		Suite, Apt. #, etc. LOT A-24		03252008 Chg-NP CR2E037 (12/06)	
City & State HOLLYWOOD, FL		City & State HOLLYWOOD, FL		4. FEI Number 59-0356580	
Zip 33024		Country BROWARD		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent CADIEUX, GINETTE 6101 CLEVELAND ST. A-4 HOLLYWOOD, FL 33024	
7. Name and Address of New Registered Agent Name CLAUDETTE GOSSELIN Street Address (P.O. Box Number is Not Acceptable) 6101 CLEVELAND ST LOT A-20 City HOLLYWOOD FL Zip Code 33024		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: <i>Claudette Gosselin</i> CLAUDETTE GOSSELIN 03-25-2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP PRES GOSSGLIN, CLAUDETTE 6101 CLEVELAND, A-20 HOLLYWOOD, FL 33024		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP SEC PELLERIN, CLAUDE 6101 CLEVELAND ST., C-3 HOLLYWOOD, FL 33024		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TREA CADIEUX, GINETTE 6101 CLEVELAND ST., A-4 HOLLYWOOD, FL 33024		<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP RANCOURT, ANDRE 6101 CLEVELAND ST., A-4 HOLLYWOOD, FL 33024		<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP DIR ROSS, VINCENT 6101 CLEVELAND ST., B-9 HOLLYWOOD, FL 33024		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP D LAPIERRE, ROLAND 6101 CLEVELAND ST., D-15 HOLLYWOOD, FL 33024		<input type="checkbox"/> Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME STREET ADDRESS CITY-ST-ZIP SAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP SAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TREA DANIEL DOUCET 6101 CLEVELAND ST LOT D-16 HOLLYWOOD FL 33024		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP V.P. LYNDA GOGUEN 6101 CLEVELAND ST LOT A-9 HOLLYWOOD FL 33024		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP SAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP SAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: <i>Claudette Gosselin</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		03-25-2008 (954)966-0571 <small>Date Daytime Phone #</small>			