2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08043

1. Entity Name



FILED Mar 24, 2003 8:00 am Secretary of State

| EVENING | STAR MO | OBILE HOMEOWNE | ers ass | OCIATION IN |) . | | | | 03-24-200. | 3 90198 (|)12 ****6. | 1.25 |
|--|---|---|---------------------|--|---|---|--|---|--------------------------------------|-----------------------|--|---|
| Principal Place of Business 6101 CLEVELAND ST. E-17 % YVON BARBEAU HOLLYWOOD FL 33024 | | | 6101 C % YVO | Mailing Address 6101 CLEVELAND ST. E-17 % YVON BARBEAU HOLLYWOOD FL 33024 | | | | | | 200 1281 01821 01 | Alf alfai siail s | 1 8 17 31871 1381 |
| 2. Principal Place of Business | | | 3. Mai | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | CHECK HER | E IF MAKIN | G CHANGE | s | |
| City & State | | | City & State | | | | 4. FEI Number | 59-0356580 | | | Applied For | |
| Zip | | | | Zip Cou | | | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | | |
| | 6. Name | and Address of Curren | nt Registere | ed Agent | | | | 7. Name and A | ddress of New | Registered | Agent | |
| DADOCA | II WON | | | | | Name | | | | • | | |
| BARBEAU, YVON 6101 CLEVELAND ST., E-17 | | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| HOLLYW | 00D FL 33 | 024 | | | | | | | | | | |
| | | | | | | City | | | | FI | | |
| 8. The above | e named entit ations of regist | y submits this statement t | for the purp | ose of changing its | s registere | ed office o | r registere | ed agent, or both, | in the State of F | lorida. I am | familiar with | , and accept |
| conga | and to di toglor | , | | | | | ٠ | | | | | |
| SIGNATURE | | | | | | | | | | | | |
| Ţ | | or printed name of registered ager | nt and title if app | licable (NOT | E: Registered | d Agent signat | ture required | when reinstating) | | DATE | | |
| FILE NOW: FEE IS \$61.25 | | | | | | | | | | | | ı |
| | FILE NOW | /: FEE IS \$61.25 | : | 9. Election Car Trust Fund (| | - | | \$5.00 May Be Added to Fees | | | k Payable | |
| 10. | | 7: FEE IS \$61.25 | DIRECTORS | | | - | <u></u> | | Flor | ida Depa | rtment of | State |
| | PD CLAUDE, I 6101 CLEV | OFFICERS AND D ROBERT /ELAND LOT D-3 | DIRECTORS | | 11. TITLE NAME STREE | on. | $\frac{\Box}{\mathcal{P}\mathcal{D}}$ | Added to Fees DDITIONS/CHAN | GES TO OFFICE | ERS AND D | IRECTORS II | State |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CLAUDE, I 6101 CLEV | OFFICERS AND D | DIRECTORS | Trust Fund (| 11. TITLE NAME STREE | ET ADDRESS ST-ZIP | P.D. | Added to Fees DDITIONS/CHAN | Flor GES TO OFFIC | ERS AND D | IRECTORS II Change | N 10 Addition |
| 10. TITLE NAME STREET ADDRESS | PD CLAUDE, I 6101 CLEV HOLLYWO S YOUNG, L | OFFICERS AND D ROBERT /ELAND LOT D-3 OD FL 33024 ORRAINE | DIRECTORS | Trust Fund (| 11. TITLE NAME STREE | ET ADDRESS | P.D | Added to Fees DDITIONS/CHAN COSIAI | GES TO OFFICE VE FE TE- | ERS AND D | IRECTORS II Change | State N 10 |
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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

03-05-2003