THE HI	<sup>ne</sup> VILL MOBILE HOME OWNE	ERS ASSOCIATION, INC.			O4-10-2001 90070		
•	e of Business	Mailing Address					
210 NE 51ST POMPANO BEACH FL 33064 US		210 NE 51ST Pompano BCH FL 33064 US	POMPANO BCH FL 33064		いっといって		
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2. Principal P 210 NE	Place of Business 51 <sup>of</sup> 37. Reagens Disease S	3. Mailing Address	1 <sup>55</sup> \$7.		<b>               </b>	<b>                                   </b>	ESI CIDI( IDD)
Suite, Apt.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS	SPACE	,
Sity & State	* A CI	City & State Pempano Prac	n. F1.	4. FEI Numbe	NOT APPLICABLE	1	oplied For ot Applicable
zip 331	Country V5A	Zip 33064	Country	5. Certificate	of Status Desired	\$8.75 Add Fee Required	
	6: Name and Address of Curre	<u> </u>	an bet's surveyor?	7. Name and	Address of New Registered	Agent	
			Name				
KOLB, CA			Street A	Address (P.O. Box Numbe	r is Not Acceptable)		
210 NE 5 POMPANO	151 O BCH FL 33064						i .
1 0 1111 1 1111			City		FL	Zip Code	в ,
8. The above	named entity submits this statement	t for the purpose of changing its re	egistered office of	r registered agent, or both	h, in the state of Florida.		•
SIGNATURE .	Carol P. Rolb :		C.K.ulb Registered Agent signat	SZC/7/Edure required when reinstating)	3.9. 4/3/ DATE	0 1	
SIGNATURE ,			Financing		Make Check Departmen	•	
SIGNATURE .	Signature, typed or printed name of registered ag  FILE NOW: FEE IS \$61.25  OFFICERS AND	9. Election Campaign F Trust Fund Contribut	Financing tion.	\$5.00 May Be Added to Fees	Make Check	it of State	
10. Title Name Street address	FILE NOW: FEE IS \$61.25  OFFICERS AND P SUTORIUS, RON 117 NE 51 ST	9. Election Campaign F  Trust Fund Contribut	Financing tion.   11.  TITLE  NAME  STREET ADDRESS	\$5.00 May Be Added to Fees  ADDITIONS/CHA	Make Check Departmen	t of State	
10. Title Name Street address City-St-Zip	FILE NOW: FEE IS \$61.25  OFFICERS AND P SUTORIUS, RON	9. Election Campaign F Trust Fund Contribut	Financing tion.   11.  TITLE  NAME	\$5.00 May Be Added to Fees  ADDITIONS/CHA	Make Check Departmen	it of State	
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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.