

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Matham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N12157** (6)  
1. Corporation Name  
**AQUA ISLES MOBILE HOME PARK TENANTS ASSOC. INC.**



Principal Place of Business <b>T. WALTER 4717 SW 39 WAY FT LAUDERDALE FL 33312 US</b>	Mailing Address <b>T. WALTER 4717 SW 39 WAY FT LAUDERDALE FL 33312-5446 US</b>
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2. Principal Place of Business <b>21 JOSEF LADOUCEUR.</b>	2a. Mailing Address <b>26 JOSEF LADOUCEUR.</b>	3. Date Incorporated or Qualified <b>11/18/1985</b>	3a. Date of Last Report <b>11/27/1996</b>
Suite, Apt. #, etc. <b>22 4728 S.W. 39th Way.</b>	Suite, Apt. #, etc. <b>27 4728 S.W. 39th Way.</b>	4. FEI Number <b>59-2617955</b>	Applied For <input type="checkbox"/> Not Applicable
City & State <b>23 FORT LAUDERDALE</b>	City & State <b>28 FORT LAUDERDALE</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Zip <b>24 33312</b>	Country <b>25 FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip <b>29 33312</b>	Country <b>30 FL</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>WALTER, T.W. 4717 SW 39 WAY FT LAUDERDALE FL 33312</b>		10. Name and Address of New Registered Agent <b>81 Name LADOUCEUR-JOSEF</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 4728 S.W. 39th Way</b> <b>83</b> <b>84 City FT. LAUDERDALE- FL</b> <b>85 Zip Code 33312</b>	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Josef Ladouceur* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>LALIBERTE, FELIX</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>4710 SW 39 WAY</b>	CITY-ST-ZIP <b>FT. LAUDERDALE FL</b>	1.2 NAME	
TITLE <b>VD</b>	NAME <b>WALTER, T</b>	1.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>4717 SW 39 WAY</b>	CITY-ST-ZIP <b>FT. LAUDERDALE FL</b>	1.4 CITY-ST-ZIP	
TITLE <b>TD</b>	NAME <b>PARENT, AIDA</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>4711 SW 39 WAY</b>	CITY-ST-ZIP <b>FT. LAUDERDALE FL</b>	2.2 NAME	
TITLE <b>SD</b>	NAME <b>MILLER-THERRIENT, CLAUDETT</b>	2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>4711 SW 39 WAY</b>	CITY-ST-ZIP <b>FT. LAUDERDALE FL</b>	2.4 CITY-ST-ZIP	
TITLE <b>PT</b>	NAME <b>ANDERSON, DON</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3970 SW 47 CT</b>	CITY-ST-ZIP <b>FT LAUDERDALE FL</b>	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)