2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jul 10, 2000 8:00 am
Secretary of State
05-15-2000 91409 038 ****61.25

DOCUMENT # N12157

1. Entity Name

AQUA ISLES MOBILE HOME PARK TENANTS ASSOC. INC.

Principal Place of Business	Mailing Address
JOSEE LADOUCEUR 4728 SW 39TH WAY FT LAUDERDALE FL 33312 US	JOSEE LADOUCEUR 4728 SW 39TH WAY FT LAUDERDALE FL 33312-5447 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2617955 ☐ Applied For ☐ Not Applicable

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
LADOUCEUR, JOSEE 4728 SW 39TH WAY FT LAUDERDALE FL 33312	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.

SIGNATURE: x JOSEE LADOUCEUR 6/30/00
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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LALIBERTE, FELIX 4710 SW 39 WAY FT. LAUDERDALE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VD~~ ~~WALTER, T~~ ~~4717 SW 39 WAY~~ FT LAUDERDALE FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.D. MOREAU-CLAUDE 4747 S.W. 39 Way. VD F.T. LAUDERDALE F.L. 33312.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LADOUCEUR, JOSEE 4728 SW 39TH WAY FT. LAUDERDALE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~ D.T. MILLER-THERRIENT, CLAUDETTE 4711 SW 39 WAY FT. LAUDERDALE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~ ~~COTE-CUE~~ ~~4787 SW 39TH TERRACE~~ ~~FT LAUDERDALE FL~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S.D. HOLLINGSWORTH, RUTH. 4765 S.W. 39 Way. FORT. LAUDERDALE 33312. S.D.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP			TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D.T. GENE ROBERSON 4763 SW 39 TERR. FT LAUDERDALE FL 33312	☐ Change ☑ Addition

CR2E037 (9/99)

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 6/30/00 — Daytime Phone #: 954-962-4855