

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

0046308

**DOCUMENT # N12157**

1. Entity Name

**AQUA ISLES MOBILE HOME PARK TENANTS ASSOC. INC.**

03-19-2001 90391 022 \*\*\*\*61.25

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  
 US

2. Principal Place of Business

3. Mailing Address

**GODARD Sylvie**

**GODARD Sylvie**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**4787 S.W. 39TH TERR**

**4787 S.W. 39TH TERR**

City & State

City & State

**FT LAUDERDALE**

**FT LAUDERDALE**

Zip

Country

Zip

Country

**33312**

**FL**

**33312**

**FL**



DO NOT WRITE IN THIS SPACE

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

**GODARD Sylvie**

Street Address (P.O. Box Number is Not Acceptable)

**4787 S.W. 39TH TERRACE**

**FT LAUDERDALE**

City

**FL**

Zip Code

**33312**

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 **Sylvie GODARD, SECRETARY**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**03-06-2001**

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 **PD** Delete  
 NAME **LAUBERTE, FELIX**  
 STREET ADDRESS **4710 SW 39 WAY**  
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **CARRIÈRE, JEN-PAUL**  
 STREET ADDRESS **4745 S.W. 39TH TERR**  
 CITY-ST-ZIP **FT LAUDERDALE FL 33312**

TITLE **VD** Delete  
 NAME **NOREAU, CLAUDE**  
 STREET ADDRESS **4747 SW 39 WAY**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE **VD** ☒ Change ☐ Addition  
 NAME **DEMERS, CARMEN**  
 STREET ADDRESS **4767 S.W. 39TH AVENUE**  
 CITY-ST-ZIP **FT LAUDERDALE FL 33312**

TITLE **TD** Delete  
 NAME **LADOUCEUR, JOSEE**  
 STREET ADDRESS **4728 SW 39TH WAY**  
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **TD** ☐ Change ☐ Addition  
 NAME **HOLLINGSWORTH, RUTH**  
 STREET ADDRESS **4765 S.W. 39TH WAY**  
 CITY-ST-ZIP **FT LAUDERDALE FL 33312**

TITLE **SD** Delete  
 NAME **MILLER-THERRIENT, CLAUDETT**  
 STREET ADDRESS **4711 SW 39 WAY**  
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **SD** ☒ Change ☐ Addition  
 NAME **GODARD, Sylvie**  
 STREET ADDRESS **4787 S.W. 39TH TERR**  
 CITY-ST-ZIP **FT LAUDERDALE FL 33312**

TITLE **DS** ☐ Delete  
 NAME **HOLLINGSWORTH, RUTH**  
 STREET ADDRESS **4765 SW 39 WAY**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE **DS** ☒ Change ☐ Addition  
 NAME **CLOUTIER Juliette**  
 STREET ADDRESS **4766 S.W. 39TH AVENUE**  
 CITY-ST-ZIP **FT LAUDERDALE FL 33312**

TITLE **DT** Delete  
 NAME **ROBERSON, GENE**  
 STREET ADDRESS **4763 SW 39 TERR**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: **JOHN G. GONZALES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03-12-2001**

Date

Daytime Phone #

CR2E037 (10/00)