

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

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90142 021 ****61.25

DOCUMENT # N12157

1. Entity Name

AQUA ISLES MOBILE HOME PARK TENANTS ASSOC. INC.



Principal Place of Business

GODARD SYLVIE
4787 SW 39TH TERR
FT LAUDERDALE FL 33312
US

Mailing Address

GODARD SYLVIE
4787 SW 39TH TERR
FT LAUDERDALE FL 33312
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

GODARD, SYLVIE
4787 SW 39TH TERRACE
FT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name **HOLLINGSWORTH Ruth**

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

4765 S.W. 39 WAY

City

FT LAUDERDALE 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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

Ruth Hollingsworth

(NOTE: Registered Agent signature required when reinstating)

9-1-03

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **CARRIERE, JEN-PAUL**
STREET ADDRESS **4745 SW 39TH TERR**
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE **VD** ☐ Delete
NAME **ROOF, DAVE**
STREET ADDRESS **4717 SW 39TH WAY**
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

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

TITLE **SD** ☐ Delete
NAME **GODARD, SYLVIE**
STREET ADDRESS **4787 SW 39TH TERR**
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE **DS** ☐ Delete
NAME **ARCADE, BRIERE**
STREET ADDRESS **4777 SW 39TH WAY**
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P. ROOF, DAVE** ☒ Change ☐ Addition
NAME **4717 S.W. 39 WAY**
STREET ADDRESS **FT LAUD FL 33312**
CITY-ST-ZIP

TITLE **V. MOODY, PRISCILLA** ☐ Change ☒ Addition
NAME **4765 S.W. 39 WAY**
STREET ADDRESS **FT. LAUD FL 33312**
CITY-ST-ZIP

TITLE **T. HOLLINGSWORTH, RUTH** ☐ Change ☐ Addition
NAME **4765 SW 39 WAY**
STREET ADDRESS **FT LAUD FL 33312**
CITY-ST-ZIP

TITLE **S. HALDIMANN, RENE** ☐ Change ☒ Addition
NAME **4711 SW 39 WAY**
STREET ADDRESS **FT LAUD FL 33312**
CITY-ST-ZIP

TITLE **D. MARSHALL, WAYNE** ☐ Change ☐ Addition
NAME **4775 SW 39 Terr.**
STREET ADDRESS **FT LAUD FL 33312**
CITY-ST-ZIP

TITLE **D. CARRIERE, J. PAUL** ☒ Change ☐ Addition
NAME **4745 SW 39 Terr**
STREET ADDRESS **FT LAUD FL 33312**
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:

Ruth Hollingsworth
RUTH HOLLINGSWORTH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-1-03

Date

954
9866923
Daytime Phone #

CR2E037 (4/03)