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

DOCUMENT # N12157

1. Entity Name



FILED Sep 08, 2003 8:00 am Secretary of State
09-08-2003 90142 021 ****61.25

AQUA ISL	ES MOBILE HOME PARK TE	ENANTS ASSOC. INC.			0,	7-00-2003 J0142 C	<i>721</i> 01.2	20
Principal Place GODARD SYLV 4787 SW 39TH FT LAUDERDA US	TERR	Mailing Address GODARD SYLVIE 4787 SW 39TH TERR FT LAUDERDALE FL 33312 US			1			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		4	4. FEI Number 59-2617955 Applied For Not Applicable			
Zip	Country	Zip	Country	5	. Certificate of St	atus Desired	\$8.75 Ad Fee Require	
	6. Name and Address of Current	Registered Agent		7	. Name and Add	ress of New Registere	d Agent	
			Name	. 1	·-		+-1.	
GODARD, SYLVIE 4787 SW 39TH TERRACE FT LAUDERDALE FL 33312			Street Address		(P.O. Box Number is Not Accordable) 5. W. 39 WAY			
•			City	T 4	ander.	dalc F	L Zip Coo	1e 3 / Q -
8. The above	named entity submits this statement for	or the purpose of changing its re	egistered office	or registered	agent, or both, in t	the State of Florida. I a	m familiar with,	and accept
	tions of registered agent.			3			,	
	D TO 11-00-	10		-		0	, ,	~
SIGNATURE .	run Hollin	geworth				9.	-1-0	5
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registered Agent sign	ature required whe	n reinstating)	DATE	= 	
								
								I
	FILE NOW: FEE IS \$61.25 tember 10, 2003, min will be \$2	9. Election Camp 7 Trust Fund Co		_ ~	5.00 May Be Ided to Fees	Make Che Florida Depa	eck Payable artment of	
	-	236.25 Trust Fund Co		☐ Ād	Ided to Fees		artment of S	State
After Sept	OFFICERS AND DIE	236.25 Trust Fund Co	ntribution.	ADI	Ided to Fees	Florida Depa	artment of S	State
After Sept	OFFICERS AND DII PD CARRIERE, JEN-PAUL	Trust Fund Co	ntribution.	ADI P. R.	ottions/change	Florida Department of the Florida Department	DIRECTORS IN	State
After Sept	OFFICERS AND DIE	Trust Fund Co	ntribution.	ADD Por Re	DITIONS/CHANGE	Florida Department of the Property of the Prop	DIRECTORS IN Change	State
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I hereby certify that the information supplied with this filling 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: