

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N12902** (5)
Corporation Name
DIXIE MOBILE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business % WALTER G. MILAN 19640 W. DIXIE HWY., #B212 N MIAMI BEACH FL 33180-2252		Mailing Address % WALTER G. MILAN 19640 W. DIXIE HWY., #B212 N MIAMI BEACH FL 33180-2252		3. Date incorporated or Qualified 01/09/1986	
2. Principal Place of Business 21 % MARY VAN SLEEN Suite, Apt. #, etc. #B-217 22 19640 W. DIXIE HWY City & State 23 MIAMI, FL Zip 24 33180		2a. Mailing Address 26 % MARY VAN SLEEN Suite, Apt. #, etc. #B-217 27 19640 W. DIXIE HWY City & State 28 MIAMI, FL Zip 29 33180		4. FEI Number 59-2810534 Applied For Not Applicable	
Country 25 USA		Country 30 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent VANSLEEN, MARY 19640 W. DIXIE HWY #13-217 MIAMI FL 33180				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 #B-217 84 City MIAMI 85 Zip Code FL 33180			
---	--	--	--	---	--	--	--

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 **MARY VAN SLEEN** *Mary Van Sleen* **2/25/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VAN SLEEN, MARY			1.2 NAME			
STREET ADDRESS	19640 W. DIXIE HWY., #B-217			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HURTUBISE, YVES			2.2 NAME			
STREET ADDRESS	19640 W. DIXIE HWY., #B-218			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THEORET, MARCEL			3.2 NAME			
STREET ADDRESS	19640 W. DIXIE HWY., #A-106			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TESSIER, ROGER			4.2 NAME			
STREET ADDRESS	19640 W DIXIE HWY A-104			4.3 STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI BEACH FL			4.4 CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLANCHETTE, FLORE			5.2 NAME	T MARY VAN SLEEN		
STREET ADDRESS	19640 W DIXIE HWY B-203			5.3 STREET ADDRESS	19640 W. DIXIE HWY, #B-217		
CITY-ST-ZIP	N MIAMI BEACH FL			5.4 CITY-ST-ZIP	MIAMI, FL 33180		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 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.

SIGNATURE: *Mary Van Sleen* **2/25/98** **682-0920**
(305)

CP2E037 (10/97)