


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # N12902		
1. Entity Name DIXIE MOBILE HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business C/O MARY VAN SLEEN 19640 W DIXIE HWY #B-217 MIAMI, FL 33180 US	Mailing Address C/O MARY VAN SLEEN 19640 W DIXIE HWY, #B-217 MIAMI, FL 33180 US	



02242004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2810534	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent VAN SLEEN, MARY 19640 W DIXIE HWY #B-217 MIAMI, FL 33180	DO NOT WRITE IN THIS SPACE
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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 MARY VAN SLEEN Mary Van Sleen 2/14/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2004

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

1100000072909
03/02/04-80014-002 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAN SLEEN, MARY 19640 W. DIXIE HWY, #B-217 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TESSIER, BERTHA 19640 W. DIXIE HWY., #B-207 MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VAN SLEEN, MARY 19640 W. DIXIE HWY., #B-217 MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VAN SLEEN, MARY 19640 W DIXIE HWY, B-217 MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD POULIOT, MARC 19640 W. DIXIE HWY., #B-218 MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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: MARY VAN SLEEN Mary Van Sleen 2/14/04 682-0920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #