

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90081 002 ****61.25

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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**



02222005 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 ☐ **\$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**

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 2/28/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$81.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

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

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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(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: MARY VAN SLEEN Mary Van Sleen 2/28/05 (305) 682-0920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #