

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12902

FILED  
Feb 16, 2010  
Secretary of State

**Entity Name:** DIXIE MOBILE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O MARY VAN SLEEN  
19640 W. DIXIE HWY, B-217  
MIAMI, FL 33180 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MARY VAN SLEEN  
19640 W DIXIE HWY, #B-217  
MIAMI, FL 33180 US

**New Mailing Address:**

**FEI Number:** 59-2810534

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VAN SLEEN, MARY  
19640 W DIXIE HWY  
#B-217  
MIAMI, FL 33180 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: VAN SLEEN, MARY  
Address: 19640 W. DIXIE HWY, #B-217  
City-St-Zip: MIAMI, FL 33180

Title: VPD  
Name: MONTOYA, OVIDIO  
Address: 19640 W. DIXIE HWY., #A-118  
City-St-Zip: MIAMI, FL 33180

Title: S  
Name: VAN SLEEN, MARY  
Address: 19640 W. DIXIE HWY., #B-217  
City-St-Zip: MIAMI, FL 33180

Title: T  
Name: VAN SLEEN, MARY  
Address: 19640 W DIXIE HWY, B-217  
City-St-Zip: MIAMI, FL 33180

Title: VPD  
Name: DELISLE, FRANCOISE  
Address: 19640 W. DIXIE HWY., A-113  
City-St-Zip: MIAMI, FL 33180

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARY VAN SLEEN

PD

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date