

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


**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90242 015 \*\*\*\*61.25

10025536



☐ CHECK HERE IF MAKING CHANGES

<b>DOCUMENT # N12902</b>					
<b>1. Entity Name</b> DIXIE MOBILE HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> C/O MARY VAN SLEEN 19640 W DIXIE HWY #B-217 MIAMI FL 33180 US			<b>Mailing Address</b> C/O MARY VAN SLEEN 19640 W DIXIE HWY. #B-217 MIAMI FL 33180 US		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		

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

<b>6. Name and Address of Current Registered Agent</b>  VAN SLEEN, MARY 19640 W DIXIE HWY #B-217 MIAMI FL 33180				<b>7. Name and Address of New Registered Agent</b> Name: MARY VAN SLEEN Street Address (P.O. Box Number is Not Acceptable): 19640 W. DIXIE HWY. #B-217 City: MIAMI FL Zip Code: 33180			
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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 2/19/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAN SLEEN, MARY 19640 W. DIXIE HWY, #B-217 MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MICHAUD, ANDRE 19640 W DIXIE HWY #B-204 MIAMI FL 33180 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BERTHA TESSIER 19640 W. DIXIE HWY. #B-207 MIAMI, FL 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOUCHARD, RAYMOND 19640 W DIXIE HWY #B-209 MIAMI FL 33180 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARY VAN SLEEN 19640 W. DIXIE HWY, #B-217 MIAMI, FL 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VAN SLEEN, MARY 19640 W DIXIE HWY, B-217 MIAMI FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARC POULIOT 19640 W. DIXIE HWY, #B-218 MIAMI, FL 33180 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 2/19/03 (305) 682-0920  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)