

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90334 009 ****61.25

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N19316

1. Entity Name
SEVILLE PARK MOBILE HOMEOWNERS CORP.



40043000

Principal Place of Business
349 NE 5TH STREET
HALLANDALE, FL 33009

Mailing Address
349 NE 5TH ST
HALLANDALE, FL 33003
P.O. BOX 220352
HOLLYWOOD, FLA - 33022



DO NOT WRITE IN THIS SPACE

03272006 No Chg-NP CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEFEVRE, LOUISE
350 NE 5TH STREET
HALLANDALE, FL 33009

MONIQUE BERTRAND
349-NE 5th STREET
HALLANDALE, FLA
33009

**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 Monique Bertrand April 6, 2006
(Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BENOIT, JEAN P
STREET ADDRESS	325 NE 5TH ST
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	VP
NAME	NANTEL, CARMELLE
STREET ADDRESS	913 4TH CT
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	ST
NAME	LAUZIER, MONIQUE B
STREET ADDRESS	349 5TH ST NE
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	D
NAME	TURCOTTE, JEAN N
STREET ADDRESS	334 NE 5TH ST
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	D
NAME	GENDRON, ROLAND
STREET ADDRESS	326 NE 5TH ST
CITY-ST-ZIP	HALLANDALE, FL 33009
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 exemptions contained in Chapter 119, 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: M. Bertrand April 6, 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #