


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90017 012 ****61.25

DOCUMENT # N19316 1. Entity Name SEVILLE PARK MOBILE HOMEOWNERS CORP.					
Principal Place of Business 349 NE 5TH ST HALLANDALE, FL 33009			Mailing Address POB 220352 HOLLYWOOD, FL 33022		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 349 NE 5TH ST. Suite, Apt. #, etc.			
City & State Zip		City & State HALLANDALE, FL Zip 33009		Country USA	
4. FEI Number NOT APPLICABLE				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERTRAND, MONIQUE 349-NE 5TH ST HALLANDALE, FL 33009			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: <u><i>M. Bertrand</i></u> (NOTE: Registered Agent signature required when reinstating) DATE:					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P VERNIER, GILLES 402 MAPLE HALLANDALE, FL 33009 <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	VP NANTEL, CARMELLE 913 4TH CT HALLANDALE, FL 33009 <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	ST LAUZIER, MONIQUE B 349 5TH ST NE HALLANDALE, FL 33009 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BERTRAND, MONIQUE 349 NE 5TH STREET HALLANDALE, FL 33009	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURCOTTE, JEAN N 334 NE 5TH ST HALLANDALE, FL 33009 <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	D LEPAGE, GERALD 301 4TH CT HALLANDALE, FL 33009 <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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>M. Bertrand</u> M. BERTRAND Feb. 14, 2008 (954) 456-6119 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					