2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

Principal Place of Business Page	1. Entity Nam	MENT # N19316 PARK MOBILE HOMEOWN	IERS CORP.		02	2-27-2008 90	017 012 ****6	1.25	
Side. Apt. 4. etc. Sale. Apt. 4. etc. Sale. Sal	349 NE 5TH ST POB 220352						21811 612H 012H 016H 816H		
Sullie, Apt. #, etc. Apt. Apt. Apt.									
Tip Country 30 0 9 Country 30 0 9 Country 5. Certificate of Stature Desired \$5.7 Additional Fee Required \$3.00 9 \$5.00 May Be Addition \$6.00 Mark Address of Current Registered Agent Name and Address of New Registered Agent Name and Address of New Registered Agent Name Na	Suite, Apt. #, etc.		 		20440000	Chg-NP	CR2E037 (12/0	6)	
ERTRAND, MONIOUE 33009 6. Name and Address of Current Registered 6. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FL 2p Code 6. The above named entry submits the statement for the purpose of changing as registered agent, or both, in the State of Florida. I am tamiliar with, and acceptable of the purpose of changing as registered agent, or both, in the State of Florida. I am tamiliar with, and acceptable or registered agent, or both, in the State of Florida. I am tamiliar with, and acceptable or registered agent, or both, in the State of Florida. I am tamiliar with, and acceptable or registered agent, or both, in the State of Florida. I am tamiliar with, and acceptable or registered agent, or both, in the State of Florida. I am tamiliar with, and acceptable or registered agent, or both, in the State of Florida. I am tamiliar with, and acceptable or registered agent, or both, in the State of Florida. I am tamiliar with, and acceptable or registered agent, or both, in the State of Florida. I am tamiliar with, and acceptable or registered agent, or both, in the State of Florida. I am tamiliar with, and acceptable or registered agent, or both, in the State of Florida. I am tamiliar with, and acceptable or registered agent, or both, in the State of Florida. I am tamiliar with, and acceptable or registered agent, or both, in the State of Florida. I am tamiliar with, and acceptable or registered agent, or both, in the State of Florida. I am tamiliar with, and acceptable or registered agent, or both, in the State of Florida. I am tamiliar with, and acceptable or registered agent, or both, in the State of Florida. I am tamiliar with, and acceptable or registered agent, or both, in the State of Florida. I am tamiliar with, and acceptable or registered agent, or both, in the State of Florida. I am tamiliar with, and acceptable or registered agent, or both, in the State of Florida. I am tamiliar with, and acceptable or re	City & Stat	le	City & State HALLAN	DALE	F人 NOT APPL	ICABLE			
BERTRAND, MONIQUE 349-NE 5TH ST HALLANDALE, FL 33009 City FL Zip Code City FL Zip	Zip		33009	Country S A	- 5. Certificate of S		Fee Req		
Addition Site of Additions Flore State	-	6. Name and Address of Current	Registered Agent	Name	7. Name and Ad	dress of New R	egistered Agent		
Big The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SiGNATURE	349-NE 5TH ST								
8, The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent. Commonwealth		,		City			FI Zip (Code	
Due by May 1, 2008	the obligat	tions of registered agent. M. Berthan	r the purpose of changing its re	egistered office or	registered agent, or both, i	n the State of Flo	rida. I am familiar w	ith, and accept	
TITLE	\$	Signature, typed or printed name of registered agent of	and title if applicable. (NOTE: F	Registered Agent signatu	re required when reinstating)		DATE		
NAME SIRET ADDRESS CITY-ST-ZP HALLANDALE, FL 33009 VERNIER, GILLES 402 MAPLE HALLANDALE, FL 33009 TITLE NAME SIRET ADDRESS CITY-ST-ZP HALLANDALE, FL 33009 TITLE NAME LAUZIER, MONIQUE B SIRET ADDRESS CITY-ST-ZP HALLANDALE, FL 33009 TITLE D LAUZIER, MONIQUE B SIRET ADDRESS CITY-ST-ZP HALLANDALE, FL 33009 TITLE TURE TURE TURE TURE TURE TURE TURE TUR	: :	Filing Fee is \$61.25	9. Election Camp	aign Financing	\$5.00 May Be		ake check payab		
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12. I hereby certify that the information supplied with this filling 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 Jel. 14, 2008 (954) 45 6

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

District Prints

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