FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N31272 (0)

1. Corporation Name
MOBILE HOME OWNER'S ASSOCIATION OF ROWELL PARK I NC.

Principal Place of Business
C/O PAUL LEONARD
939 NW 81ST ST LOT B229
MIAMI FL 33150
c/o Avelino Flores
939 81ST
LOT D424
MIAMI 33150

Mailing Address
C/O PAUL LEONARD
939 NW 81ST ST LOT B229
MIAMI FL 33150
c/o avelino Flores
939 81 ST
LOT D424
MIAMI 33150

DO NOT WRITE IN THIS SPAC

3. Date Incorporated or Qualified: 03/21/1989
3a. Date of Last Report: 01/31/1994
4. FEI Number: NOT APPLICABLE — Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip / 24 Country / 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip / 29 Country / 30

9. Name and Address of Current Registered Agent
LEONARD, PAUL
939 NW 81ST ST
LOT B229
MIAMI FL 33150
Avelino Flores
939 81 ST
LOT D424
MIAMI FL 33150

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City / FL / 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable
NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEONARD, PAUL
STREET ADDRESS	939 N.W. 81 STREET, LOT B-229
CITY-ST-ZIP	MIAMI FL
TITLE	VD
NAME	HOUX, ADRIEN
STREET ADDRESS	939 N.W. 81 STREET, LOT E-514
CITY-ST-ZIP	MIAMI FL
TITLE	SD
NAME	LECUYER, ROBERT
STREET ADDRESS	939 N.W. 81 STREET LOT B-231
CITY-ST-ZIP	MIAMI FL
TITLE	TD
NAME	PROULX, GEORGES
STREET ADDRESS	939 NW 81ST LOT D404
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — DATE 30 MAR 1995

1.1 TITLE	PD	☐ Change ☐ Addition
1.2 NAME	FLORES AVELINO	
1.3 STREET ADDRESS	939 NW 81 STREET LOT D424	
1.4 CITY-ST-ZIP	MIAMI FL 33150	
2.1 TITLE	VP	
2.2 NAME	Leonard Paul	☐ Change ☐ Addition
2.3 STREET ADDRESS	939 NW 81 STREET LOT B-229	
2.4 CITY-ST-ZIP	MIAMI FL 33150	
3.1 TITLE	SP	
3.2 NAME	Duchamplain Rose	☐ Change ☐ Addition
3.3 STREET ADDRESS	939 NW 81 STREET LOT D419	
3.4 CITY-ST-ZIP	MIAMI FL 33150	
4.1 TITLE	TD	
4.2 NAME	Proulx Georges	☐ Change ☐ Addition
4.3 STREET ADDRESS	939 NW 81 STREET LOT D404	
4.4 CITY-ST-ZIP	MIAMI FL 33150	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

500001490805
-05/17/95--01052--017
****130.00 ****130.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ T. D. 30 MAR 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

004345