

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -3 PM 1:32

DOCUMENT # **N41810 (5)**

1. Corporation Name

**NEW ENGLAND MOBILE HOME PARK TENANTS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O KATE WOTTERS  
2 PINE ST.  
HOLLYWOOD FL 33023

C/O KATE WOTTERS  
2 PINE ST.  
HOLLYWOOD FL 33023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/25/1991** 3a. Date of Last Report **03/10/1994**

4. FEI Number **65-0345273** Applied For  Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

2b

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Declared  **\$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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOTTERS, KATE  
2 PINE ST.  
HOLLYWOOD FL 33023

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 reconstituted)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP  
BOUCHARD, RITA  
11 PINE ST.  
HOLLYWOOD FL 33023

1.1 TITLE

Change  Addition

NAME

BOUCHARD, RITA

1.2 NAME

STREET ADDRESS

11 PINE ST.

1.3 STREET ADDRESS

CITY-ST-ZIP

HOLLYWOOD FL 33023

1.4 CITY-ST-ZIP

TITLE

PV

2.1 TITLE

Change  Addition

NAME

TREMBLAY, ALBERT

2.2 NAME

STREET ADDRESS

17 OAK ST.

2.3 STREET ADDRESS

CITY-ST-ZIP

HOLLYWOOD FL 33023

2.4 CITY-ST-ZIP

TITLE

SD

3.1 TITLE

Change  Addition

NAME

CORRIVEAU, DORIANN

3.2 NAME

STREET ADDRESS

22 MAIN ST.

3.3 STREET ADDRESS

CITY-ST-ZIP

HOLLYWOOD FL 33023

3.4 CITY-ST-ZIP

TITLE

D

4.1 TITLE

Change  Addition

NAME

BELINGER, ANDRE

4.2 NAME

STREET ADDRESS

8 ELM ST.

4.3 STREET ADDRESS

CITY-ST-ZIP

HOLLYWOOD FL 33023

4.4 CITY-ST-ZIP

TITLE

DT

5.1 TITLE

Change  Addition

NAME

WOTTERS, KATE

5.2 NAME

STREET ADDRESS

2 PINE ST.

5.3 STREET ADDRESS

CITY-ST-ZIP

HOLLYWOOD FL 33023

5.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(k), 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:

KATE WOTTERS *Kate Wotter*

1/29/95

9/16/95