

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N41810** (5)
1. Corporation Name
NEW ENGLAND MOBILE HOME PARK TENANTS ASSOCIATION, INC.



Principal Place of Business: **C/O KATE WOTTERS, 2 PINE ST., HOLLYWOOD FL 33023**
Mailing Address: **C/O KATE WOTTERS, 2 PINE ST., HOLLYWOOD FL 33023**

3. Date Incorporated or Qualified: **01/25/1991**
3a. Date of Last Report: **02/03/1995**
4. FEI Number: **65-0345273**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
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
**WOTTERS, KATE
2 PINE ST.
HOLLYWOOD FL 33023**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	DP	<input type="checkbox"/>
NAME	BOUCHARD, RITA	
STREET ADDRESS	11 PINE ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	PV	<input type="checkbox"/>
NAME	TREMBLAY, ALBERT	
STREET ADDRESS	17 OAK ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	SD	<input type="checkbox"/>
NAME	CORRIVEAU, DORIANN	
STREET ADDRESS	22 MAIN ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	D	<input type="checkbox"/>
NAME	BELINGER, ANDRE	
STREET ADDRESS	8 ELM ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	DT	<input type="checkbox"/>
NAME	WOTTERS, KATE	
STREET ADDRESS	2 PINE ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	VAILLANCOURT EMUS		
2.3 STREET ADDRESS	11 OAK ST.		
2.4 CITY-ST-ZIP	HOLLYWOOD FL 33023		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 Wotter **KATE WOTTERS** 1/17/96 963-5346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)