FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS .

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90089 042 ****61.25

DOCUMENT # N41810

1. Corporation Name

NEW ENGLAND MOBILE HOME PARK TENANTS ASSOCIATION , INC.

Principal Place of Business		Mailing Address	Parca	-	2 MARON	re
C76_KATE WOTTERS		, C/O KATE WOTTERS	BTER	•	41	
		2 PINE ST.	6 mai	u	3' cm	
HOLLYWOOD FL 33023 Holly			Hallyur	000	رساجر	
			` 7	334	2 MERCI 27 d, Flas 023-135	P
Principal Place of Business 2a. Mailing Address						3. Date Incorporated or Qualifed
	<u> </u>	Maining Paddices			01/25/1991	
21 2 2 2 2 2 2 2 2 2		Suite Ant # etc	Suite, Apt. #, etc.			4. FEI Number Applied For
	#, etc.	27	1			65-0345273 Not Applicable
22 City & Stat	<u> </u>		City & State			\$8.75 Additional
23		28			İ	5. Certificate of Status Desired Fee Required
Zip	Country	Zip	Count	try		6. Election Campaign Financing \$5.00 May Be
24	25	29	30			Trust Fund Contribution Added to Fees
24	9. Name and Address of Current					10. Name and Address of New Registered Agent
		<u> </u>		81	Name	
WOTTEDS	MATE		۔	82	Ctroot Addron	ss (P.O. Box Number is Not Acceptable)
WOTTERS, KATE			•	0Z	Street Addres	iss (P.O. Box Natitues is Not Acceptable)
2 PINE ST. HOLLYWOOD FL 33023			1	83		
HOLLTWO	OD FL 33023					
			1	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 or directors. I neleby accept the appointment as registered						
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND	,	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DD PETER	MERCIED DELETE	1.1 TITL	.E	7	Change Addition
NAME	WOTTERS, KATE	W/ Z IJC/LA	1.2 NAM	Æ	صدا	5 + 10 MA . M. 18 1
STREET ADDRESS	2-PINE ST		1.3 STR	EET A	NDORESS 6	Holly wood, Fla . 33023-1355
	HOLLYWOOD FL		1,4 CITY		ZIP /	Hollywood, Fla. 3302
CITY-ST-ZIP TITLE	PV	☐ DELETÉ	2.1 TITL			☐ Change ☐ Addition
NAME	EMUS, VAILLANCOURT	<u> </u>	2.2 NAM	Æ		
	11 OAK ST.				ADDRESS	
STREET ADDRESS	HOLLYWOOD FL		2. 4 CIT		4	
CITY-ST-ZIP	CD CD	a de □ DELETE	3.1 TITL	_	·ZIF	☐ Change ☐ Addition
TITLE	SD BERT AL BERT TR.	EM BLAY CLEIC	3.2 NAM			
NAME	47 OAK CT		- 1		ADDOCCC	
STREET ADDRESS	1				ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	IN A A SEAT I NEI ETE	3.4. CIT 4,1 TITL		···· Dry	DEROCHE Change Addition
TITLE	D EMILIEN D MICHANO, JEAN PAUL 15- &	and chestinent			4	Emilien Durocher Change Addition 15 Birch Fl9 Hollywood, Fl9
NAME .		inscn.	4. 2 NA)			1011 and Fla
STREET ADDRESS	26 MAIN ST				ADDRESS)-	10 114 WOOD ,
CITY-ST-ZIP	HOLLYWOOD FL	/ Concern	4.4 CITY	_	·ZIP	Change Addition
TITLE	TD Louise Lon	911N LIBELETE	5.1 TITL 5.2 NAM		177	
NAME	SMITH, WILLIAM /P/NE	ST.			1000000	Dene Sheet
STREET ADDRESS	30 MAIN ST				ADDRESS /	blywood, Flor-33023-1355
CITY-ST-ZIP	HOLLYWOOD FL		5.4 CITY		ZIP #7	10114 wood, + Coc-33023 - (3333 - Addition
TITLE		☐ DELETE	6.1 TITL			Change Addition
NAME			6.2 NAM			
STREET ADDRESS			6.3 STR	REET	ADDRESS	
	1		E c a com		710	·

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SONATION FELLINE L GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Moup. 9, 1994 - 962-2820

22E037 (11/98)