


FILE NOW: FILING FEE IS \$61.25

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

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

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N41810**

1. Corporation Name  
**NEW ENGLAND MOBILE HOME PARK TENANTS ASSOCIATION, INC.**

Principal Place of Business 2 PINE ST HOLLYWOOD FL 33023	Mailing Address <del>2 PINE ST</del> 6 MAIN ST HOLLYWOOD FL 33023 <i>PETER R. MERCIER                  6 main st                  Hollywood, Fla                  33023-1355</i>
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/25/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0345273
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DD	NAME WOTTERS, KATE	DELETED
TITLE PV	NAME EMUS, VAILLANCOURT	<input type="checkbox"/> DELETED
TITLE SD	NAME <del>BERT AL</del> ALBERT TREMBLAY	<input type="checkbox"/> DELETED
TITLE D	NAME EMILIE DUCHOCHET	<input type="checkbox"/> DELETED
TITLE TD	NAME SMITH, WILLIAM	<input type="checkbox"/> DELETED
TITLE	NAME	<input type="checkbox"/> DELETED

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President	NAME Peter R Mercier	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE Director	NAME Emilien Durocher	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE Treas.	NAME Louise Longtin	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: \_\_\_\_\_ DATE: *March 9, 1999* DAYTIME PHONE #: *962-2820*

CR2E037 (1/198)