

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90082 024 ****61.25

DOCUMENT # N41810

1. Entity Name

NEW ENGLAND MOBILE HOME PARK TENANTS ASSOCIATION

Principal Place of Business

Mailing Address

C/O PETER R MARCER
 6 MAIN ST
 HOLLYWOOD FL 33023

C/O PETER R MARCER
 6 MAIN ST
 HOLLYWOOD FL 33023-1355



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0345273

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~WALTER FATE~~
~~2 PINE ST.~~
~~HOLLYWOOD FL 33023~~

Name **PETER R MERCIER**

Street Address (P.O. Box Number is Not Acceptable)
6 Main St

City **Hollywood Florida FL**

Zip Code **33023-1355**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
P	MERCIER, PETER R	6 MAIN ST	HOLLYWOOD FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PV	EMUS, VAILLANCOURT	11 OAK ST.	HOLLYWOOD FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	TREMBLAY, ALBERT	17 OAK ST	HOLLYWOOD FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	DUNOCHER, EMILIE	15 BIRCH	HOLLYWOOD FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	LONATIN, LOUISE	1 PINE ST	HOLLYWOOD FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Peter R Mercier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

Mar 7 2000

CR2E037 (9/99)