

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 27, 2001 8:00 am
Secretary of State

03-13-2001 90138 001 *****8.75
03-13-2001 90138 002 *****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

2. Principal Place of Business 3. Mailing Address
CP LOUISE LONGTIN 1 PINE ST
Suite, Apt. #, etc. Suite, Apt. #, etc.
1 PINE ST

City & State City & State
HOLLYWOOD FL. HOLLYWOOD FL
Zip Country Zip Country
33023 U.S. 33023 FL.



DO NOT WRITE IN THIS SPACE

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

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MERCIER, PETER R
6 MAIN ST
HOLLYWOOD FL 33023 *delete*

7. Name and Address of New Registered Agent
-Name *LOUISE LONGTIN*
Street Address (P.O. Box Number is Not Acceptable)
1 PINE ST
City *HOLLYWOOD* FL Zip Code *33023*

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 *L. Longtin* *R. Marc* *March 7/2001*
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	P MERCIER, PETER R 6 MAIN ST HOLLYWOOD FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. LOUISE LONGTIN 1 PINE ST. HOLLYWOOD FL 33023	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV EMUS, VAILLANCOURT 11 OAK ST. HOLLYWOOD FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TREMBLAY, ALBERT 17 OAK ST HOLLYWOOD FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. DUNOCHER, EMILIE 15 BIRCH HOLLYWOOD FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. LONATIN, LOUISE 1 PINE ST HOLLYWOOD FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.V.	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *L. Longtin* *R. Marc* *March 7/2001* *954-962-2820*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)