


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2004 08:00 AM**  
**Secretary of State**

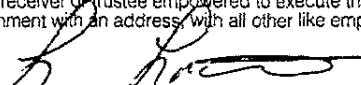
|   |  |  |   |   |  |
|---|--|--|---|---|--|
| <b>DOCUMENT # N41810</b><br>1. Entity Name<br><b>NEW ENGLAND MOBILE HOME PARK TENANTS ASSOCIATION, INC.</b>   |  |  |   |                |  |
| Principal Place of Business<br>C/O LOUISE LONGTIN<br>1 PINE STREET<br>HOLLYWOOD FL 33023<br>US  |  | Mailing Address<br>1 PINE STREET<br>HOLLYWOOD FL 33023<br>US                     |   |   |  |
| 2. Principal Place of Business  |  | 3. Mailing Address   |   |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |   |   |  |
| City & State  |  | City & State   |   | 4. FEI Number<br><b>65-0345273</b>  |  |
| Zip   |  | Zip  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>LONGTIN, LOUISE<br/>1 PINE STREET<br/>HOLLYWOOD FL 33023</b>  |  |  | 7. Name and Address of New Registered Agent           |   |  |
|   |  |  | Name  |   |  |
|   |  |  | Street Address (P.O. Box Number is Not Acceptable)    |   |  |
|   |  |  | City  |   |  |
|   |  |  | <b>FL</b> Zip Code                                    |   |  |
| 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. I am familiar with, and accept the obligations of registered agent. |  |  |   |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |  |   |   |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2004</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00</b> May Be Added to Fees  |  |
| <b>Make Check Payable to Florida Department of State</b>  |  |  |   |   |  |
| 10. OFFICERS AND DIRECTORS  |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | PD<br>LONGTIN, LOUISE<br>1 PINE STREET<br>HOLLYWOOD FL 33023 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | PVT<br>EMUS, VAILLANCOURT<br>11 OAK ST.<br>HOLLYWOOD FL      | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | SDT<br>TREMBLAY, ALBERT<br>17 OAK ST<br>HOLLYWOOD FL         | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | TDT<br>GARICA, CARMEN<br>1 MARX STREET<br>HOLLYWOOD FL 33023 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | TDT<br>MULDRON, M<br>62 STREET<br>HOLLYWOOD FL 33023         | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | TDT<br>LADISSONIERE, A<br>2 SPRUCE<br>HOLLYWOOD FL 33023     | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |



MOORE CR2E037 (11/03)

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02/09/04-80014-007 61.25

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:**  **Let 3/04 954-962-2820**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #