



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90025 016 \*\*\*\*61.25

<b>DOCUMENT # N41810</b>					
1. Entity Name <b>NEW ENGLAND MOBILE HOME PARK TENANTS ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O LOUISE LONGTIN 1 PINE STREET HOLLYWOOD, FL 33023 US</b>			Mailing Address <b>1 PINE STREET HOLLYWOOD, FL 33023 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0345273</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>LONGTIN, LOUISE 1 PINE STREET HOLLYWOOD, FL 33023</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State <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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LONGTIN, LOUISE		NAME		
STREET ADDRESS	1 PINE STREET		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33023		CITY-ST-ZIP		
TITLE	PVT	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	EMUS, VAILLANCOURT		NAME	<b>PDT - STD JACQUE DUPUIS</b>	
STREET ADDRESS	11 OAK ST.		STREET ADDRESS	<b>21 MAPLE ST.</b>	
CITY-ST-ZIP	HOLLYWOOD, FL		CITY-ST-ZIP	<b>HOLLYWOOD FL 33023</b>	
TITLE	SDT	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TREMBLAY, ALBERT		NAME		
STREET ADDRESS	17 OAK ST		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL		CITY-ST-ZIP		
TITLE	TDT	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GARICA, CARMEN		NAME	<b>TDT PEDRO RUIZ</b>	
STREET ADDRESS	1 MARX STREET		STREET ADDRESS	<b>4 SPAUCE</b>	
CITY-ST-ZIP	HOLLYWOOD, FL 33023		CITY-ST-ZIP	<b>HOLLYWOOD 33023</b>	
TITLE	TDT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MULDRON, M		NAME		
STREET ADDRESS	62 STREET		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33023		CITY-ST-ZIP		
TITLE	PDT - PVT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LADISSONIERE, A		NAME		
STREET ADDRESS	2 SPRUCE		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33023		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 			Date: <b>March 22, 05-954 9622820</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		