


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

<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>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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 re-registering) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
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	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUPUIS, JACQUES		NAME		
STREET ADDRESS	21 MAPLE ST		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33023		CITY-ST-ZIP		
TITLE	TBT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUIZ, PEDRO		NAME		
STREET ADDRESS	4 SPRUCE		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33023		CITY-ST-ZIP		
TITLE	TDT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MULDON, M		NAME		
STREET ADDRESS	62 STREET		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33023		CITY-ST-ZIP		
TITLE	TDT	<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		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 817, 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: <i>Jacques Dupuis</i>			17 Jan 2006 954 9855614		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		



01162006 Chg-NP CR2EQ37 (11/05)

4. FEI Number  
**65-0345273**

Applied For  
Not Applicable

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

**Filing Fee is \$61.25 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LONGTIN, LOUISE	
STREET ADDRESS	1 PINE STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 33023	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DUPUIS, JACQUES	
STREET ADDRESS	21 MAPLE ST	
CITY-ST-ZIP	HOLLYWOOD, FL 33023	
TITLE	TBT	<input type="checkbox"/> Delete
NAME	RUIZ, PEDRO	
STREET ADDRESS	4 SPRUCE	
CITY-ST-ZIP	HOLLYWOOD, FL 33023	
TITLE	TDT	<input type="checkbox"/> Delete
NAME	MULDON, M	
STREET ADDRESS	62 STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 33023	
TITLE	TDT	<input type="checkbox"/> Delete
NAME	LADISSONIERE, A	
STREET ADDRESS	2 SPRUCE	
CITY-ST-ZIP	HOLLYWOOD, FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 01/30/2006-90018-021 61 25

SIGNATURE: *Jacques Dupuis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 Jan 2006 954 9855614  
Daytime Phone #