

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000000666 (6)**

1. Corporation Name

SEA ESTA PARK MOBILE TENANTS ASS., INC.



Principal Place of Business

Mailing Address

**319 SEA ESTA LANE
HALLANDALE FL 33009**

**319 SEA ESTA LANE
HALLANDALE FL 33009**

3. Date Incorporated or Qualified

02/07/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BONIN, LISE
319 SEA ESTA LANE
HALLANDALE FL 33009**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Lise Bonin (Pres.)

(NOTE: Registered Agent signature required when reinstating)

DATE

2/14/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE

NAME **BOUTET, HELEN**
STREET ADDRESS **302 SEA ESTA LANE**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **D** ☒ DELETE

NAME **GIROUX, LIBOIRE**
STREET ADDRESS **301 SEA ESTA LANE**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **D** ☒ DELETE

NAME **DUMONT, ANDRE**
STREET ADDRESS **332 SEA ESTA LANE**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **D** ☒ DELETE

NAME **CROFTEAU, NORMAND**
STREET ADDRESS **311 NE 6 ST**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **D** ☒ DELETE

NAME **BLAIS, ERNEST**
STREET ADDRESS **325 SEA ESTA LANE**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VICE-PRESIDENT
LAMTEIGNE, RAYMOND
320 Sea Esta Lane
Hallandale FL 33009

SENIOR DIRECTOR
TIMMONS, JULIETTE
321-6th St. N.E.
Hallandale FL 33009

DIRECTOR
CASTONGUAY, CHARLOTTE
309 6th St. N.E.
Hallandale FL 33009

DIRECTOR
MADELEINE LEBOEUR
330 1st N.E.
Hallandale FL 33009

Director
Lise Bonin
319 Sea Esta Lane
Hallandale FL 33009

800001745258 M. M.
-03/15/96--01103--004
*****61.25**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/96
3/9/96

954-458438
954-458438
3-15-96

CR2E037 (12/95)