

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000000666			
1. Corporation Name SEA ESTA PARK Mobile Tenants Assoc. Inc.			
Principal Place of Business 301 N.E. 6th St Hallandale FL 33009		Mailing Address 301 N.E. 6th St Hallandale FL 33009-2430	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Comptois Olivette 301 NE 6th St 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 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Comptois Olivette	1.2 NAME	D/T. CHARLOTTE CASTONGUAY
STREET ADDRESS	301 NE 6th St	1.3 STREET ADDRESS	309 N.E. SEA ESTA LANE
CITY- ST- ZIP	Hallandale FL 33009	1.4 CITY- ST- ZIP	Hallandale, FL 33009
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rose DeChamplain	2.2 NAME	D/S. ROSE DECHAMPLAIN
STREET ADDRESS	307 N.E. SEA ESTA LANE	2.3 STREET ADDRESS	307 N.E. SEA ESTA LANE
CITY- ST- ZIP	Hallandale FL 33009	2.4 CITY- ST- ZIP	Hallandale, FL 33009
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charlotte Castonguay	3.2 NAME	D. MONIQUE JACQUES
STREET ADDRESS	309 N.E. SEA ESTA LANE	3.3 STREET ADDRESS	312 N.E. SEA ESTA LANE
CITY- ST- ZIP	Hallandale FL 33009	4 CITY- ST- ZIP	Hallandale, FL 33009
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rose DeChamplain	4.2 NAME	V. MADELEINE LEBOEUF
STREET ADDRESS	307 N.E. SEA ESTA LANE	4.3 STREET ADDRESS	330 N.E. 7TH STREET
CITY- ST- ZIP	Hallandale FL 33009	4.4 CITY- ST- ZIP	Hallandale, FL 33009
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Monique Jacques	5.2 NAME	P. OLIVETTE CONTOIS
STREET ADDRESS	312 N.E. SEA ESTA LANE	5.3 STREET ADDRESS	301 N.E. 6TH STREET
CITY- ST- ZIP	Hallandale FL 33009	5.4 CITY- ST- ZIP	Hallandale, FL 33009
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: Olivette Contois		20 March 1997	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E037 (9/96)

KW
5-14-97