

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
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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*

21 Principal Place of Business	26 Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified	3a. Date of Last Report
4. FEI Number	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

*Comptois Olivette
301 NE 6th St
Hallandale FL 33009*

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

12. OFFICERS AND DIRECTORS	
TITLE	☐ DELETE
NAME	<i>Comptois Olivette</i>
STREET ADDRESS	<i>301 NE 6th St</i>
CITY-ST-ZIP	<i>Hallandale FL 33009</i>
TITLE	☐ DELETE
NAME	<i>Madeline</i>
STREET ADDRESS	<i>301 NE 6th St</i>
CITY-ST-ZIP	<i>Hallandale FL 33009</i>
TITLE	☐ DELETE
NAME	<i>Castonguay Charlotte</i>
STREET ADDRESS	<i>309 6th St NE</i>
CITY-ST-ZIP	<i>Hallandale FL 33009</i>
TITLE	☐ DELETE
NAME	<i>Dechamplain Rose</i>
STREET ADDRESS	<i>307 Sea Esta Lane</i>
CITY-ST-ZIP	<i>Hallandale FL 33009</i>
TITLE	☐ DELETE
NAME	<i>Directeur Monique</i>
STREET ADDRESS	<i>312 Sea Esta Lane</i>
CITY-ST-ZIP	<i>Hallandale FL 33009</i>
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	<i>D/T. CHARLOTTE CASTONGUAY</i>
1.3 STREET ADDRESS	<i>309 N.E. SEA ESTA LANE</i>
1.4 CITY-ST-ZIP	<i>HALLANDALE, FL 33009</i>
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	<i>D/S. ROSE DECHAMPLAIN</i>
2.3 STREET ADDRESS	<i>307 N.E. SEA ESTA LANE</i>
2.4 CITY-ST-ZIP	<i>HALLANDALE, FL 33009</i>
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	<i>D. MONIQUE JACQUES</i>
3.3 STREET ADDRESS	<i>312 N.E. SEA ESTA LANE</i>
3.4 CITY-ST-ZIP	<i>HALLANDALE, FL 33009</i>
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	<i>V. MADELEINE LEBOEUF</i>
4.3 STREET ADDRESS	<i>330 N.E. 7th STREET</i>
4.4 CITY-ST-ZIP	<i>HALLANDALE, FL 33009</i>
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	<i>P. OLIVETTE CONTOIS</i>
5.3 STREET ADDRESS	<i>301 N.E. 6th STREET</i>
5.4 CITY-ST-ZIP	<i>HALLANDALE, FL 33009</i>
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	<i>000002130600</i>
6.3 STREET ADDRESS	<i>-05/27/97--01003--031</i>
6.4 CITY-ST-ZIP	<i>***61.25</i>

14. I do 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 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)