

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 27 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

301 NE 6TH STREET  
HALLANDALE FL 33009

301 NE 6TH STREET  
HALLANDALE FL 33009

3. Date Incorporated or Qualified

02/07/1995

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COMTOIS OLIVETTE  
COMTOIS, OLIVETTE  
301 NE 6TH STREET  
HALLANDALE FL 33009

81 Name COMTOIS OLIVETTE

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

TITLE DS ☒ DELETE

NAME CHAMPLAIN, ROSE  
STREET ADDRESS 301 NE 6TH STREET  
CITY-ST-ZIP HALLANDALE FL 33009

TITLE D ☒ DELETE

NAME JACQUES, MONIQUE  
STREET ADDRESS 301 NE 6TH STREET  
CITY-ST-ZIP HALLANDALE FL 33009

TITLE D ☐ DELETE

NAME CASTONGUAY, CHARLOTTE  
STREET ADDRESS 309 6TH ST. NE  
CITY-ST-ZIP HALLANDALE FL 33009

TITLE V ☐ DELETE

NAME LEBOEUF, MADELEINE  
STREET ADDRESS 330 7TH NE  
CITY-ST-ZIP HALLANDALE FL 33009

TITLE P ☐ DELETE

NAME COMTOIS, OLIVETTE  
STREET ADDRESS 301 NE 6TH STREET  
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DS ☒ Change ☐ Addition

1.2 NAME FAUCHER JOANNE  
1.3 STREET ADDRESS 312 NE 6TH STREET  
1.4 CITY-ST-ZIP HALLANDALE 33009

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME PLANTE, LILIANE  
2.3 STREET ADDRESS 328 Sea Esta Ln.  
2.4 CITY-ST-ZIP HALLANDALE FL 33009

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME LEBOEUF  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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:

*l. Leboeuf, Madeleine*

93 mar 1998

CR2E037 (10/97)