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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000666

1. Corporation Name
SEA ESTA PARK MOBILE TENANTS ASS., INC.

Principal Place of Business	Mailing Address
~~301 NE 6TH STREET~~ HALLANDALE FL 33009 312 SEA ESTA LN. HALLANDALE FL. 33009	~~301 NE 6TH STREET~~ HALLANDALE FL 33009 312 SEA ESTA LN. HALLANDALE FL. 33009

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 312 SEA ESTA LANE	26 312 SEA ESTA LANE	02/07/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable
City & State 23 HALLANDALE	City & State 28 HALLANDALE	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 33009 25 FL. USA	Zip / Country 29 33009 30 FL. USA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: FAUCHER JEANNE
82 Street Address (P.O. Box Number is Not Acceptable): 312 SEA ESTA LANE
83
84 City: HALLANDALE FL 85 Zip Code: 33009

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: Jeanne Faucher 1-04-99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DS FAUCHER, JEANNE ~~312 NE 6TH ST~~ 312 SEA ESTA LANE HALLANDALE FL 33009	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	SECRETARY-TREASURER JEANNE FAUCHER 312 SEA ESTA LANE. HALLANDALE FL. 33009 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PLANTE, LILIANE 328 SEA ESTA LANE HALLANDALE FL 33009	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	PRESIDENT JEAN-GUY PLANTE 328 SEA ESTA LANE HALLANDALE FL. 33009 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASTONGUAY, CHARLOTTE 309 6TH ST. NE HALLANDALE FL 33009	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VICE-PRESIDENT SHIRLEY HAMEL 306 7th NE HALLANDALE FL. 33009. ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LEBOEUF, MADELEINE 330 7TH NE HALLANDALE FL 33009	☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	DIRECTOR RAYMOND TOUSIGNANT 318 SEA ESTA LANE HALLANDALE FL. 33009 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COMTOIS, OLIVETTE 301 NE 6TH STREET HALLANDALE FL 33009	☑ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	DIRECTOR MARCEL COMTOIS 301 NE 6 Th Street HALLANDALE FL. 33009 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Jeanne Faucher 3-18-99 954-455-1291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JEANNE FAUCHER

CR2E037-(11/98)