

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90033 013 ****61.25

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1. Entity Name

SEA ESTA PARK MOBILE TENANTS ASS., INC.



Principal Place of Business

332 SEA ESTA LANE
HALLANDALE FL 33009
US

Mailing Address

332 SEA ESTA LANE
HALLANDALE FL 33009
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~PLANTE, JEAN GUY~~ **ROSE DECHAMPLAIN**
~~326 NE 7TH~~ **307 SEA ESTA**
~~HALLANDALE FL 33009~~ **HALLANDALE**
33009

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TS	<input checked="" type="checkbox"/> Delete
NAME	PLANTE, JEAN GUY	
STREET ADDRESS	326 NE 7TH	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	P	<input type="checkbox"/> Delete
NAME	CROTEAU, EMILIEN	
STREET ADDRESS	316 SEA ESTA LANE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CROTEAU, EMIL MARCEL	
STREET ADDRESS	318 SEA ESTA LANE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	TS	<input type="checkbox"/> Delete
NAME	ROSE, DECHAMPLAIN	
STREET ADDRESS	307 SEA ESTA LANE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMEL, LUCIEN	
STREET ADDRESS	306 NE 7TH STREET	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	COMTOIS, MARCEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	301 6 NE 6TH	
STREET ADDRESS	HALLANDALE FL 33009	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	COMTOIS, MARCEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	301 6 NE 6TH	
STREET ADDRESS	HALLANDALE FL 33009	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	TOUSIGNANT, RAYMOND	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	318 SEA ESTA LANE	
STREET ADDRESS	HALLANDALE FL 33009	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	TOUSIGNANT RAY.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	318 SEA ESTA LN	
STREET ADDRESS	HALLANDALE	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar-23-04

Date

Daytime Phone #