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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002955 (1)**

1. Corporation Name

**SHELDON MOBILE HOME PARK HOME OWNER TENANT ASS.
INC**

Principal Place of Business

Mailing Address

**2333 GRIFFIN ROAD
FORT LAUDERDALE FL 33312**

**4708 SW 23RD TERRACE
FORT LAUDERDALE FL 33312**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **4797 S.W. 23RD TERRACE**

22 City & State

27 **FORT LAUDERDALE FL.**

23 Zip

Country

28 Zip

Country

24

25

29 **33312**

30 **USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/19/1995

4. FEI Number

65-0719013

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**

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

10. Name and Address of New Registered Agent

**ROULEAU, J. EMILE
2333 GRIFFIN RD
FORT LAUDERDALE FL 33312**

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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ROULEAU, J. EMILE	
STREET ADDRESS	2333 GRIFFIN ROAD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	

TITLE	D	<input type="checkbox"/> DELETE
NAME	CREUIER, ANDRE	
STREET ADDRESS	2333 GRIFFIN ROAD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	FRAPPIER, GERMAIN	
STREET ADDRESS	2333 GRIFFIN ROAD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BERNARD, LYSE	
STREET ADDRESS	2333 GRIFFIN ROAD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	NAZAIRE DALLAIRE	
STREET ADDRESS	2333 GRIFFIN RD	
CITY-ST-ZIP	FORT LAUDERDALE FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE	PD BERNARD LYSE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	2333 GRIFFIN RD	
4.3 STREET ADDRESS	FORT LAUDERDALE FL 33312	
4.4 CITY-ST-ZIP		

5.1 TITLE	SD NAZAIRE DALLAIRE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	2333 GRIFFIN RD	
5.3 STREET ADDRESS	FORT LAUDERDALE FL 33312	
5.4 CITY-ST-ZIP		

6.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DARWIN BRUCE	
6.3 STREET ADDRESS	2333 GRIFFIN RD	
6.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33312	

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:

NAZAIRE DALLAIRE

NAZAIRE DALLAIRE

954-987-7987
418-544-3218

CR2E037 (10/97)