

## 2000 UNIFORM BUSINESS REPORT (UBR)

2/7

DOCUMENT # N95000002955

1. Entity Name

SHELDON MOBILE HOME PARK HOME OWNER TENANT ASS.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90049 018 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2333 GRIFFIN ROAD  
FORT LAUDERDALE FL 333124797 SW 23RD TERRACE  
FORT LAUDERDALE FL 33312-5939  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-0719013

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

BRUCE DARWIN

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

2333 GRIFFIN RD

City

FORT LAUDERDALE

FL

Zip Code  
33312

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.

SIGNATURE: DARWIN BRUCE PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	YP	<input type="checkbox"/> Delete
NAME	LISE, CARDINAL	
STREET ADDRESS	2333 GRIFFIN RD.	
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	D	<input type="checkbox"/> Delete
NAME	AUDET, RAYMOND	
STREET ADDRESS	2333 GRIFFIN ROAD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NAZAIRE, DALLAIRE	
STREET ADDRESS	2333 GRIFFIN RD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DARWIN, BRUCE	
STREET ADDRESS	2333 GRIFFIN ROAD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARWIN BRUCE	
STREET ADDRESS	2333 GRIFFIN RD.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LISE CARDINAL	
STREET ADDRESS	2333 GRIFFIN ROAD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERMAIN FRAPPIER	
STREET ADDRESS	2333 GRIFFIN ROAD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUIS NAZAIRE DALLAIRE	
STREET ADDRESS	2333 GRIFFIN ROAD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDOUARD CARDINAL	
STREET ADDRESS	2333 GRIFFIN ROAD	
CITY-ST-ZIP	FORT ALUDERDALE FL 33312	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDOUARD CARDINAL	
STREET ADDRESS	2333 GRIFFIN ROAD	
CITY-ST-ZIP	FORT ALUDERDALE FL 33312	

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:

DARWIN BRUCE  
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)