

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90109 020 ****61.25

DOCUMENT # N95000002955

1. Entity Name

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

Principal Place of Business

**2333 GRIFFIN ROAD
FORT LAUDERDALE FL 33312**

Mailing Address

**4797 SW 23RD TERRACE
FORT LAUDERDALE FL 33312
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

65-0719013

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

**DARWIN, BRUCE
2333 GRIFFIN ROAD
FORT LAUDERDALE FL 33312**

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.

SIGNATURE *Darwin Bruce* **Darwin Bruce President January 14 th 2002**

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BRUCE, DARWIN	
STREET ADDRESS	2333 GRIFFIN RD.	
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	TD	<input type="checkbox"/> Delete
NAME	FRAPPIER, GERMAIN	
STREET ADDRESS	2333 GRIFFIN ROAD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LISE, CARDINAL	
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	D	<input checked="" type="checkbox"/> Delete
NAME	EDWARDS, CARDINAL	
STREET ADDRESS	2333 GRIFFIN ROAD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUCE DARWIN	
STREET ADDRESS	2333 GRIFFIN RD	
CITY-ST-ZIP	FORT LAUDERDALE FL.33312	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAPPIER GERMAIN	
STREET ADDRESS	2333 GRIFFIN RD	
CITY-ST-ZIP	FORT LAUDERDALE FL. 33312	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALLAIRE LS.NAZAIRE	
STREET ADDRESS	2333 GRIFFIN RD	
CITY-ST-ZIP	FORT LAUDERDALE FL. 33312	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CADIEUX IRENE	
STREET ADDRESS	2333 GRIFFIN RD	
CITY-ST-ZIP	FORT LAUDERDALE FL. 33312	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUBERTIN LUCILLE	
STREET ADDRESS	2333 GRIFFIN RD	
CITY-ST-ZIP	FORT LAUDERDALE 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: *LS. Nazaire Dallaire* **LS. Nazaire Dallaire Jan. 14 th 2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)