

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90035 015 \*\*\*\*65.00

**DOCUMENT # N98000000291**

1. Entity Name

**HOME MOBILE HOME PARK TENANTS ASSOCIATION  
INC.**



Principal Place of Business

**806 DAILY DRIVE  
HALLANDALE, FL 33009**

Mailing Address

**806 DAILY DRIVE  
HALLANDALE, FL 33009**

**54015486**



01152004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ULERY, IDA MAE  
806 DAILY DRIVE  
HALLANDALE, FL 33009**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SNOW, PAUL B  
815 NASH ST.  
HALLANDALE, FL 33009**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SIMARD, PAUL A  
828 NASH STREET  
HALLANDALE, FL 33009**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BEAULIEU, ROGER  
803 BUCK ST.  
HALLANDALE, FL 33009**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ULERY, IDA MAE  
806 DAILY DRIVE  
HALLANDALE, FL 33009**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
VROOMEN, LOUIS T CHAINE SUZANNE  
805 NASH ST. 804 BUCK ST  
HALLANDALE BEACH, FL 330096146**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**TREASURER**

Date

Daytime Phone #

**MARCH 01- 2004**

**954-454-1792**