

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90162 010 ****61.25

DOCUMENT # N9800000291

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**

2. Principal Place of Business
412-8TH TERRACE
 Suite, Apt. #, etc.

3. Mailing Address
412-8TH SW TERRACE
 Suite, Apt. #, etc.

City & State
HALLANDALE FL

City & State
HALLANDALE FL

Zip
33009 Country
US

Zip
33009 Country
US



03042006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent
**ULERY, IDA MAE
 806 DAILY DRIVE
 HALLANDALE, FL 33009**

4. FEI Number
NOT APPLICABLE Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when re-registering)

DATE _____

Filing Fee is **\$61.25** Due by **May 1, 2006**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	SNOW, PAUL B	815 NASH ST.	HALLANDALE, FL 33009	<input type="checkbox"/>
D	SIMARD, PAUL A	828 NASH STREET	HALLANDALE, FL 33009	<input type="checkbox"/>
D	BEAULIEU, ROGER	903 BUCK ST.	HALLANDALE, FL 33009	<input type="checkbox"/>
D	ULERY, IDA MAE	806 DAILY DRIVE	HALLANDALE, FL 33009	<input type="checkbox"/>
D	CHAIINE, SUZANNE	804 BUCK ST	HALLANDALE BEACH, FL 330096146	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
REGISTERED AGENT	ULERY, IDA MAE	412-8TH SW TERRACE	HALLANDALE FL 33009	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Ida Mae Ulery MAR/04/06 954-456-8257

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR State Daytime Phone #