ANNUAL REPORT

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000000291

1. Entity Name
HOME MOBILE HOME PARK TENANTS ASSOCIATION INC.

Principal Place of Business	Mailing Address
412 8TH SW TERR HALLANDALE, FL 33009	412 8TH SW TERR HALLANDALE, FL 33009

DO NOT WRITE IN THIS SPACE

01032007 No Chg-NP CR2E037 (4/06)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000581617
01/10/07-80094-025 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SNOW, PAUL B
STREET ADDRESS	815 NASH ST.
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	D
NAME	SIMARD, PAUL A
STREET ADDRESS	828 NASH STREET
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	D
NAME	BEAULIEU, ROGER
STREET ADDRESS	803 BUCK ST.
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	D
NAME	ULERY, IDA MAE
STREET ADDRESS	412-8TH SW TERR
CITY-ST-ZIP	HALLANDALE, FL 33009 Ida Mae Ulery
TITLE	D
NAME	CHAINE, SUZANNE
STREET ADDRESS	804 BUCK ST
CITY-ST-ZIP	HALLANDALE BEACH, FL 330096146
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 Jan 4/07 954-456-8257
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #