

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90057 027 ****61.25

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

Principal Place of Business

**412 8TH SW TERR
HALLANDALE, FL 33009**

Mailing Address

**412 8TH SW TERR
HALLANDALE, FL 33009**



01042008 No Chg-NP

CR2E037 (4/06)

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 reappointing)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

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
TITLE	D
NAME	CHAIINE, SUZANNE
STREET ADDRESS	804 BUCK ST
CITY-ST-ZIP	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 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 **IDA MAE ULERY**

1-5-08

Date

954 456 8257

Daytime Phone #