

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000291

FILED  
Jan 05, 2009  
Secretary of State

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

**Current Principal Place of Business:**

412 8TH SW TERR  
HALLANDALE, FL 33009

**New Principal Place of Business:**

412 S.W. 8TH TERRACE  
HALLANDALE, FL 33009

**Current Mailing Address:**

412 8TH SW TERR  
HALLANDALE, FL 33009

**New Mailing Address:**

412 S.W. 8TH TERRACE  
HALLANDALE, FL 33009

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

ULERY, IDA MAE  
412 S.W. 8TH TERRACE  
HALLANDALE, FL 33009 US

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:

01/05/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SNOW, PAUL B  
Address: 815 NASH ST.  
City-St-Zip: HALLANDALE, FL 33009

Title: D ( ) Delete  
Name: SIMARD, PAUL A  
Address: 828 NASH STREET  
City-St-Zip: HALLANDALE, FL 33009

Title: D ( ) Delete  
Name: BEAULIEU, ROGER  
Address: 803 BUCK ST.  
City-St-Zip: HALLANDALE, FL 33009

Title: D ( ) Delete  
Name: ULERY, IDA MAE  
Address: 412-8TH SW TERR  
City-St-Zip: HALLANDALE, FL 33009

Title: D ( ) Delete  
Name: CHAINE, SUZANNE  
Address: 804 BUCK ST  
City-St-Zip: HALLANDALE BEACH, FL 330096146

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BOUTHILLIER, DANIEL  
Address: 811 HEATHER LANE  
City-St-Zip: HALLANDALE BEACH, FL 330096146

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IDA MAE ULRERY

MISS

01/05/2009

Electronic Signature of Signing Officer or Director

Date