

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002384

FILED
Mar 11, 2009
Secretary of State

Entity Name: OAK HAVEN HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 1655
MOUNT DORA, FL 32756

New Principal Place of Business:

920 LAKE ELSIE DRIVE
TAVARES, FL 32778

Current Mailing Address:

PO BOX 1655
MOUNT DORA, FL 32756

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDHOLM, MARILYN
920 LAKE ELSIE DRIVE
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SANDHOLM, MARILYN
Address: PO BOX 1655
City-St-Zip: MOUNT DORA, FL 32756

Title: DP () Delete
Name: HOLCOMB, GEORGE
Address: 859 LAKE ELSIE DR
City-St-Zip: TAVARES, FL 32778

Title: DT () Delete
Name: DAVIDE, DOROTHY
Address: 1613 POINSETTIA WAY
City-St-Zip: TAVARES, FL 32778

Title: S () Delete
Name: ZAK, SUSAN
Address: 927 LAKE ELSIE DR
City-St-Zip: TAVARES, FL 32778

Title: VP () Delete
Name: LEUVAND, LEO
Address: 865 LAKE ELSIE DR
City-St-Zip: TAVARES, FL 32778

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

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: MARILYN J SANDHOLM

D

03/11/2009

Electronic Signature of Signing Officer or Director

Date