


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90241 019 \*\*\*\*61.25

DOCUMENT # N00000002384					
1. Entity Name <b>OAK HAVEN HOMEOWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business PO BOX 1655 MOUNT DORA FL 32756			Mailing Address PO BOX 1655 MOUNT DORA FL 32756		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		MOORE CR2E037 (11/03)	
Zip		Country		4. FEI Number <b>NO-T APPLICABLE</b> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SANDHOLM, MARILYN 920 LAKE ELSIE DRIVE TAVARES FL 32778</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> 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 reinstating) DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDHOLM, MARILYN		NAME		
STREET ADDRESS	PO BOX 1655		STREET ADDRESS		
CITY-ST-ZIP	MOUNT DORA FL 32756		CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MABRY, JOSEPH		NAME	<b>CROUCH, KEN</b>	
STREET ADDRESS	921 LAKE ELSIE DRIVE		STREET ADDRESS	<b>847 LAKE ELSIE DR.,</b>	
CITY-ST-ZIP	TAVARES FL 32778		CITY-ST-ZIP	<b>TAVARES, FL. 32778</b>	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHESON, SUSAN		NAME	<b>DAVIDE, DOROTHY</b>	
STREET ADDRESS	1610 LAUREL WAY		STREET ADDRESS	<b>1613 POINSETTIA WAY,</b>	
CITY-ST-ZIP	TAVARES FL 32778		CITY-ST-ZIP	<b>TAVARES, FL. 32778</b>	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLUTTS, NANCY		NAME	<b>CROUCH, PATRICIA</b>	
STREET ADDRESS	926 LAKE ELSIE DRIVE		STREET ADDRESS	<b>847 LAKE ELSIE DR.,</b>	
CITY-ST-ZIP	TAVARES FL 32778		CITY-ST-ZIP	<b>TAVARES, FL. 32778</b>	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNINGS, LINDY		NAME		
STREET ADDRESS	932 LAKE ELSIE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TAVARES FL 32778		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Marilyn J. Sandholm</i>		Marilyn J. SANDHOLM		04/21/04 352-343-5590	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	