


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000002384 1. Entity Name OAK HAVEN HOMEOWNER'S ASSOCIATION, INC.	
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Principal Place of Business PO BOX 1655 MOUNT DORA, FL 32756	Mailing Address PO BOX 1655 MOUNT DORA, FL 32756
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DO NOT WRITE IN THIS SPACE



04062005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANDHOLM, MARILYN
 920 LAKE ELSIE DRIVE
 TAVARES, FL 32778

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

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SANDHOLM, MARILYN PO BOX 1655 MOUNT DORA, FL 32756
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP CROUCH, KEN 847 LAKE ELSIE DR TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DT DAVIDE, DOROTHY 1613 POINSETTIA WAY TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S CROUCH, PATRICIA 847 LAKE ELSIE DR TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP JENNINGS, LINDY 932 LAKE ELSIE DRIVE TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____ _____ _____ _____

**DO NOT WRITE
IN THIS SPACE**

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 04/15/05-80066-021 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Dorothy Davide* Date: 4/2/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #