


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90159 015 ****61.25

DOCUMENT # N00000002384			
1. Entity Name OAK HAVEN HOMEOWNER'S ASSOCIATION, INC.			
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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SANDHOLM, MARILYN 920 LAKE ELSIE DRIVE TAVARES, FL 32778		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
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 type="checkbox"/> Delete	TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROUCH, KEN	NAME	GEORGE HOLCOMB
STREET ADDRESS	847 LAKE ELSIE DR	STREET ADDRESS	859 LAKE ELSIE DR.,
CITY-ST-ZIP	TAVARES, FL 32778	CITY-ST-ZIP	TAVARES, FL 32778
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDE, DOROTHY	NAME	
STREET ADDRESS	1613 POINSETTIA WAY	STREET ADDRESS	
CITY-ST-ZIP	TAVARES, FL 32778	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROUCH, PATRICIA	NAME	SUSAN ZAK
STREET ADDRESS	847 LAKE ELSIE DR	STREET ADDRESS	927 LAKE ELSIE DR.,
CITY-ST-ZIP	TAVARES, FL 32778	CITY-ST-ZIP	TAVARES, FL 32778
TITLE	VP <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNINGS, LINDY	NAME	LEO LEUVANO
STREET ADDRESS	932 LAKE ELSIE DRIVE	STREET ADDRESS	865 LAKE ELSIE DR.,
CITY-ST-ZIP	TAVARES, FL 32778	CITY-ST-ZIP	TAVARES, FL 32778
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 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: <i>Marilyn Sandholm</i> (MARILYN SANDHOLM)		Date: 4/16/07 Daytime Phone #: 352-343-5590	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	