


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 08:00 A
Secretary of State

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

01222008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent SANDHOLM, MARILYN 920 LAKE ELSIE DRIVE TAVARES, FL 32778	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
---	--

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
---	---------------------------------------

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 _____

Filing Fee is \$61.25 Due by May 1, 2008	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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLCOMB, GEORGE	NAME	
STREET ADDRESS	859 LAKE ELSIE DR	STREET ADDRESS	
CITY-ST-ZIP	TAVARES, FL 32778	CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAK, SUSAN	NAME	
STREET ADDRESS	927 LAKE ELSIE DR	STREET ADDRESS	
CITY-ST-ZIP	TAVARES, FL 32778	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEUVAND, LEO	NAME	
STREET ADDRESS	865 LAKE ELSIE DR	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 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: *Marilyn Sandholm* **MARILYN SANDHOLM** 04/07/08 352-343-5590

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #