

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001618

Entity Name: OAK HAVEN MOBILEHOME OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**10307 SW LETTUCE LAKE AVENUE
MH224
ARCADIA, FL 34269**Current Mailing Address:**10307 SW LETTUCE LAKE AVENUE
MH232
ARCADIA, FL 34269 US**FEI Number:** 41-2128730**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WHITE, SARA
10307 SW LETTUCE LAKE AVENUE MH 232
ARCADIA, FL 34269 US*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**Officer/Director Detail :**

Title	PRESIDENT
Name	KLINKER, JERRY
Address	10307 SW LETTUCE LAKE AVENUE MH224
City-State-Zip:	ARCADIA FL 34269

Title	TREASURER
Name	WHITE, SARA
Address	10307 SW LETTUCE LAKE AVE MH232
City-State-Zip:	ARCADIA FL 34269

Title	SECRETARY
Name	CLAYPOOL, VICKY
Address	10307 SW LETTUCE LAKE AVE MH230
City-State-Zip:	ARCADIA FL 34269

Title	CHAIRMAN
Name	RIEHL, MAURY
Address	10307 SW LETTUCE LAKE AVE MH229
City-State-Zip:	ARCADIA FL 34269

Title	VP
Name	MCIVER, TIM
Address	10307 SW. LETTUCE LAKE AV MH220
City-State-Zip:	ARCADIA FL 34269

I hereby 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 all other like empowered.

SIGNATURE: SARA WHITE

TREASURER

02/19/2020

Electronic Signature of Signing Officer/Director Detail_____
Date