

**NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90377 010 \*\*\*\*61.25

DOCUMENT # **N04000001618**

1. Entity Name

**Oak Haven Mobilehome Owners  
Association, INC.**



**DO NOT WRITE IN THIS SPACE**

**60024367**

2. Principal Place of Business **MH 215  
10307 Lettuce Lake Ave  
Arcadia, FLA**  
Suite, Apt. #, etc. **M. H 215**  
City & State **Arcadia Fla**  
Zip **34269** Country **Desoto**

3. Mailing Address **MH 215  
10307 Lettuce Lake Ave  
Arcadia, FLA**  
Suite, Apt. #, etc.  
City & State **Arcadia Fla**  
Zip **34269** Country **Desoto**

CR2E037B (8/05)

4. FEI Number **412128730**  
Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Joy Brunett**  
Street Address (P.O. Box Number is Not Acceptable) **10307 SW Lettuce Lake Ave  
MH 227**  
City **Arcadia** FL Zip Code **34269**

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.

**Same as above**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25  
Initial or Amended AR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                                   |
|----------------|-----------------------------------|
| TITLE          | <b>president</b>                  |
| NAME           | <b>Teresa Cappola</b>             |
| STREET ADDRESS | <b>10307 SW Lettuce Lake Ave</b>  |
| CITY-ST-ZIP    | <b>Arcadia, Fla 34269</b>         |
| TITLE          | <b>Vice Pres.</b>                 |
| NAME           | <b>Tony Eccleshall</b>            |
| STREET ADDRESS | <b>10307 SW Lettuce Lake Ave</b>  |
| CITY-ST-ZIP    | <b>Arcadia, Fla 34269</b>         |
| TITLE          | <b>treas.</b>                     |
| NAME           | <b>Joy Brunett</b>                |
| STREET ADDRESS | <b>10307 S.W Lettuce Lake Ave</b> |
| CITY-ST-ZIP    | <b>Arcadia, Fla 34269</b>         |
| TITLE          | <b>Ann Male - Secretary</b>       |
| NAME           | <b>Ann Male</b>                   |
| STREET ADDRESS | <b>10307 SW Lettuce Lake Ave</b>  |
| CITY-ST-ZIP    | <b>Arcadia, Fla 34269</b>         |
| TITLE          |                                   |
| NAME           |                                   |
| STREET ADDRESS |                                   |
| CITY-ST-ZIP    |                                   |
| TITLE          |                                   |
| NAME           |                                   |
| STREET ADDRESS |                                   |
| CITY-ST-ZIP    |                                   |

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| CITY-ST-ZIP    |  |
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Teresa Cappola**

**3-28-06-863-494-2975**