2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State
04-18-2008 90043 039 ****61.25

DOCUMENT # N04000001618

1. Entity Name
OAK HAVEN MOBILEHOME OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10307 SW LETTUCE LAKE AVENUE MH-215 ARCADIA, FL 34269	10307 SW LETTUCE LAKE AVENUE MH-215 ARCADIA, FL 34269

DO NOT WRITE IN THIS SPACE

04022008 No Chg-NP CR2E037 (4/06)

4. FEI Number
41-2128730
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRUNETT, JOY
10307 SW LETTUCE LAKE AVENUE MH 227
ARCADIA, FL 34269

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 signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ECCLESHALL, ANTHONY
STREET ADDRESS	10307 SW LETTUCE LAKE AVE MH 222
CITY-ST-ZIP	ARCADIA, FL 34269
TITLE	VP
NAME	HERRINGTON, JACK
STREET ADDRESS	10307 S.W. LETTUCE LAKE AVE MH 214
CITY-ST-ZIP	ARCADIA, FL 34269
TITLE	T
NAME	BRUNETT, JOY
STREET ADDRESS	10307 SW LETTUCE LAKE AVE MH 227
CITY-ST-ZIP	ARCADIA, FL 34269
TITLE	S
NAME	HERRINGTON, BEV
STREET ADDRESS	10307 SW LETTUCE LAKE AVE MH 214
CITY-ST-ZIP	ARCADIA, FL 34269
TITLE	
NAME	
STREET ADDRESS	
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 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: Joy Brunett Joy Brunett Treasurer 4-7-08 (863) 494 1833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #