

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001618

FILED
Apr 13, 2009
Secretary of State

Entity Name: OAK HAVEN MOBILEHOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

10307 SW LETTUCE LAKE AVENUE MH-215
ARCADIA, FL 34269

New Principal Place of Business:

Current Mailing Address:

10307 SW LETTUCE LAKE AVENUE MH-215
ARCADIA, FL 34269

New Mailing Address:

FEI Number: 41-2128730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ECCLESHALL, ANTHONY
Address: 10307 SW LETTUCE LAKE AVE MH 222
City-St-Zip: ARCADIA, FL 34269

Title: VP () Delete
Name: HERRINGTON, JACK
Address: 10307 S.W. LETTUCE LAKE AVE MH 214
City-St-Zip: ARCADIA, FL 34269

Title: T () Delete
Name: BRUNETT, JAY
Address: 10307 SW LETTUCE LAKE AVE MH 227
City-St-Zip: ARCADIA, FL 34269

Title: S () Delete
Name: HERRINGTON, BEN
Address: 10307 SW LETTUCE LAKE AVE MH 214
City-St-Zip: ARCADIA, FL 34269

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOY BRUNETT

TRES

04/13/2009

Electronic Signature of Signing Officer or Director

Date