


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90005 004 ****61.25

DOCUMENT # N32397			
1. Entity Name OAK HARBOR OF HAINES CITY MOBILE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 330 OAK HARBOR HAINES CITY, FL 33844 US		Mailing Address 330 OAK HARBOR HAINES CITY, FL 33844 US	
2. Principal Place of Business 358 OAK HARBOR Suite, Apt. #, etc.		3. Mailing Address 358 OAK HARBOR Suite, Apt. #, etc.	
City & State HAINES CITY, FL Zip 33844 Country		City & State HAINES CITY, FL. Zip 33844 Country	
4. FEI Number 59-2953833		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLLINS, JAMES R 330 OAK HARBOR HAINES CITY, FL 33844		7. Name and Address of New Registered Agent Name: KILLEEN, ROBERT D. Street Address (P.O. Box Number is Not Acceptable): 358 OAK HARBOR City: HAINES CITY FL Zip Code: 33844	
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: ROBERT D. KILLEEN TD <i>Robert D. Killeen</i>		DATE: 3/26/04	
Filing Fee is \$61.25 Due by May 1, 2004		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: PD NAME: KUHL, CLEM STREET ADDRESS: 319 OAK HARBOR CITY-ST-ZIP: HAINES CITY, FL 33844	<input type="checkbox"/> Delete	TITLE: TD NAME: KILLEEN, ROBERT D STREET ADDRESS: 358 OAK HARBOR CITY-ST-ZIP: HAINES CITY, FL. 33844	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: COLLINS, JAMES R STREET ADDRESS: 330 OAK HARBOR CITY-ST-ZIP: HAINES CITY, FL 33844	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: O'NEIL, JUNE STREET ADDRESS: 200C OAK HARBOR CITY-ST-ZIP: HAINES CITY, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: CRISHER, BARBARA STREET ADDRESS: 324 OAK HARBOR CITY-ST-ZIP: HAINES CITY, FL 33844	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: LOTOSTANSKI, FELICE STREET ADDRESS: 329 OAK HARBOR CITY-ST-ZIP: HAINES CITY FL 33844	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: FORBES, SAM STREET ADDRESS: 350 OAK HARBOR CITY-ST-ZIP: HAINES CITY, FL 33844	<input type="checkbox"/> Delete	TITLE: D NAME: DYOUNG, WILBER STREET ADDRESS: 342 OAK HARBOR CITY-ST-ZIP: HAINES CITY FL. 33844	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: S NAME: KUHL, SHIRLEY STREET ADDRESS: 319 OAK HARBOR CITY-ST-ZIP: HAINES CITY FL. 33844	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Robert D. Killeen</i>		DATE: 3/26/04 Daytime Phone #: 863-956-8723	