

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32397

FILED
Mar 25, 2009
Secretary of State

Entity Name: OAK HARBOR OF HAINES CITY MOBILE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

322 OAK HARBOR
HAINES CITY, FL 33844 US

New Principal Place of Business:

Current Mailing Address:

322 OAK HARBOR
HAINES CITY, FL 33844 US

New Mailing Address:

FEI Number: 59-2953833 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESZTERHAS, ANNE
322 OAK HARBOR
HAINES CITY, FL 33844 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: PD () Delete
Name: LIMA, FRED
Address: 349 OAK HARBOR
City-St-Zip: HAINES CITY, FL 33844

Title: VTD () Delete
Name: ESZTERHAS, ANNE
Address: 322 OAK HARBOR
City-St-Zip: HAINES CITY, FL 33844

Title: D () Delete
Name: HITCHCOCK, ANNE
Address: 316 OAKHARBOR
City-St-Zip: HAINES CITY, FL 33844

Title: D () Delete
Name: MCBROOM, DANIEL
Address: 361 OAK HARBOR
City-St-Zip: HAINES CITY, FL 33844

Title: SD () Delete
Name: MARCOUX, MONIQUE
Address: 311 OAK HARBOR
City-St-Zip: HAINES CITY, FL 33844

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HERSHBERGER, RAY
Address: 335 OAK HARBOR
City-St-Zip: HAINES CITY, FL 33844

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

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

Title: D (X) Change () Addition
Name: BRATCHER, GARY
Address: 200E OAK HARBOR
City-St-Zip: HAINES CITY, FL 33844

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

Title: D () Change (X) Addition
Name: TODD, SHIRLEY
Address: 303 OAK HARBOR
City-St-Zip: HAINES CITY, FL 33844

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: ANNE ESZTERHAS

VTD

03/25/2009

Electronic Signature of Signing Officer or Director

_____ Date