

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32397 (4)
1. Corporation Name

OAK HARBOR OF HAINES CITY MOBILE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: **301 OAK HARBOR HAINES CITY FL 33844 US**
Mailing Address: **301 OAK HARBOR HAINES CITY FL 33844 US**

3. Date Incorporated or Qualified: **05/19/1989**
3a. Date of Last Report: **03/01/1995**
4. FEI Number: **59-2953833**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
22. Suite, Apt. #, etc.
23. City & State
24. Zip
25. Country

9. Name and Address of Current Registered Agent
GRSZEWski, R. J.
301 OAK HARBOR
HAINES CITY FL 33844

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE: *R.J. Gerszewski* (Signature, typed or printed name of registered agent and title if applicable)
R.J. Gerszewski (NOTE: Registered Agent signature required when reinstating)
DATE: **1/27/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BURKE, BOB N	
STREET ADDRESS	309 OAK HARBOR	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	QUAIL, GEORGE	
STREET ADDRESS	310 OAK HARBOR	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	GRSZEWski, R. J	
STREET ADDRESS	301 OAK HARBOR	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOGGS, GARLAND	
STREET ADDRESS	332 OAK HARBOR	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRISHER, BARB	
STREET ADDRESS	324 OAK HARBOR	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUSCH, LYNN	
STREET ADDRESS	304 OAK HARBOR	
CITY-ST-ZIP	HAINES CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *R.J. Gerszewski* (Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)
DATE: **1/27/96**
DAYTIME PHONE #: **941 956 4848**

CR2E037 (12/95)