

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N32397

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

**FILED**  
**Feb 05, 2015**  
**Secretary of State**  
**CC9443203286**

**Current Principal Place of Business:**

302 OAK HARBOR CP  
HAINES CITY, FL 33844

**Current Mailing Address:**

302 OAK HARBOR CP  
HAINES CITY, FL 33844 US

**FEI Number: 59-2953833**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MILLER, PATRICIA  
352 OAK HARBOR CP  
HAINES CITY, FL 33844 US

*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: PATRICIA MILLER**

**02/05/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           FLANNERY, CAROL  
Address        302 OAK HARBOR CP  
City-State-Zip: HAINES CITY FL 33844

Title           VP  
Name           MARCOUX, MONIQUE  
Address        311 OAK HARBOR CP  
City-State-Zip: HAINES CITY FL 33844

Title           SECRETARY  
Name           NELSON, BARBARA  
Address        342 OAK HARBOR CP  
City-State-Zip: HAINES CITY FL 33844

Title           TREASURER  
Name           KURZ, LINDA  
Address        315 OAK HARBOR CP  
City-State-Zip: HAINES CITY FL 33844

Title           DIRECTOR  
Name           MILLER, PATRICIA  
Address        352 OAK HARBOR CP  
City-State-Zip: HAINES CITY FL 33844

Title           DIRECTOR  
Name           BOTELHO, BILLY  
Address        349 OAK HARBOR CP  
City-State-Zip: HAINES CITY FL 33844

Title           DIRECTOR  
Name           YOUNGBLOOD, VICKI  
Address        304 OAK HARBOR CP  
City-State-Zip: HAINES CITY FL 33844

*I hereby 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 all other like empowered.*

**SIGNATURE: LINDA KURZ**

**TREASURER**

**02/05/2015**

Electronic Signature of Signing Officer/Director Detail

Date