

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32397

FILED
Feb 14, 2016
Secretary of State
CC9163158835

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

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:

KURZ, LINDA
315 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: LINDA KURZ

02/14/2016

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 HERRIN, JOE
Address 344 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

02/14/2016

Electronic Signature of Signing Officer/Director Detail

Date