

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>301 OAK HARBOR HAINES CITY FL 33844 US</b>	Mailing Address <b>301 OAK HARBOR HAINES CITY FL 33844-5221 US</b>
--	---

3. Date Incorporated or Qualified <b>05/19/1989</b>	3a. Date of Last Report <b>02/05/1996</b>
--	--

2. Principal Place of Business 21 <b>328 OAK HARBOR</b>	2a. Mailing Address 26 <b>328 OAK HARBOR</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23 <b>HAINES CITY FL</b>	City & State 28 <b>HAINES CITY, FL</b>
Zip 24 <b>33844</b>	Country 29 <b>USA.</b>
25	30

4. FEI Number <b>59-2953833</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 <b>WRIGHT Fred. R.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>328 OAK HARBOR</b>
83
84 City <b>HAINES CITY</b>
85 State <b>FL</b>
86 Zip Code <b>33844</b>

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: *Fred Wright* **Fred WRIGHT STD** DATE: **2-10-97**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 checked="" type="checkbox"/> DELETE
NAME	GRSZEWski, R. J	
STREET ADDRESS	301 OAK HARBOR	
CITY - ST - ZIP	HAINES CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOGGS, GARLAND	
STREET ADDRESS	332 OAK HARBOR	
CITY - ST - ZIP	HAINES CITY FL	
TITLE	D	<input checked="" 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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>STD WRIGHT, Fred.</b>
3.3 STREET ADDRESS	<b>328 OAK HARBOR</b>
3.4 CITY - ST - ZIP	<b>HAINES CITY FL 33844</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>D O'NEIL, JUNE</b>
4.3 STREET ADDRESS	<b>200C OAK HARBOR</b>
4.4 CITY - ST - ZIP	<b>HAINES CITY FL 33844</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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: *Fred Wright* **Fred WRIGHT STD** DATE: **2-10-97** **941-956-2112**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)