


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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 328 OAK HARBOR HAINES CITY FL 33844 US	Mailing Address 328 328 OAK HARBOR HAINES CITY FL 33844 US
--	--

3. Date Incorporated or Qualified 05/19/1989	
4. FEI Number 59-2953833	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 28 328 OAK HARBOR
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WRIGHT, FRED
328 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 *Fred Wright* **ST.D** *Fred Wright* **2-2-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when finalizing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BURKE, BOB N	
STREET ADDRESS	309 OAK HARBOR	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	QUAIL, GEORGE	
STREET ADDRESS	310 OAK HARBOR	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	WRIGHT, FRED	
STREET ADDRESS	328 OAK HARBOR	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	O'NEIL, JUNE	
STREET ADDRESS	200C OAK HARBOR	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BUSCH, LYNN	
STREET ADDRESS	304 OAK HARBOR	
CITY-ST-ZIP	HAINES CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT - DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ELVA PROCOPIO	
1.3 STREET ADDRESS	339 OAK HARBOR	
1.4 CITY-ST-ZIP	HAINES CITY FL 33844	
2.1 TITLE	VICE PRESIDENT - DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CLEM KUHLE	
2.3 STREET ADDRESS	319 OAK HARBOR	
2.4 CITY-ST-ZIP	HAINES CITY FL 33844	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SHIRLEY LAMPHERE	
5.3 STREET ADDRESS	337 OAK HARBOR	
5.4 CITY-ST-ZIP	HAINES CITY FL 33844	
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 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* **2-2-98** **941-956-2112**

CPRE037 (10/97)