

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90233 006 \*\*\*\*61.25

**DOCUMENT # N32397**

1. Entity Name

**OAK HARBOR OF HAINES CITY MOBILE HOMEOWNERS ASSO**

Principal Place of Business

Mailing Address

328 OAK HARBOR  
 HAINES CITY FL 33844  
 US

328 OAK HARBOR  
 HAINES CITY FL 33844-9624  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2953833**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WRIGHT, FRED**  
**328 OAK HARBOR**  
**HAINES CITY FL 33844**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PROCOPIO, ELVA	
STREET ADDRESS	339 OAK HARBOR	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HUHL, CLEM	
STREET ADDRESS	319 OAK HARBOR	
CITY-ST-ZIP	HAINES CITY FL 33844	
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 type="checkbox"/> Delete
NAME	LAMPHERE, SHIRLEY	
STREET ADDRESS	337 OAK HARBOR	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, INEZ	
STREET ADDRESS	331 OAK HARBOR	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK WRIGHT DATE: 2-23-00  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 863-956-2112

CR2E037 (9/99)