

2001 UNIFORM BUSINESS REPORT (UBR)

3/22/3/2

FILED
May 17, 2001 8:00 am
Secretary of State

03-22-2001 90029 027 ****61.25

DOCUMENT # N32397

1. Entity Name

OAK HARBOR OF HAINES CITY MOBILE HOMEOWNERS ASSO

Principal Place of Business

330
330 OAK HARBOR
HAINES CITY FL 33844
US

Mailing Address

330
330 OAK HARBOR
HAINES CITY FL 33844
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2953833

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, FRED
328 OAK HARBOR
HAINES CITY, FL 33844

Wright, Fred
328 Oak Harbor
Haines City, FL 33844

7. Name and Address of New Registered Agent

Name **JAMES R. COLLINS**

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

330 OAK HARBOR

City **HAINES CITY**

FL

Zip Code **33844**

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

James R. Collins

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

(NOTE: Registered Agent signature required when reinstating)

3-17-01

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 NAME PD **SMITH, INEZ** **PRESIDENT** Delete
 STREET ADDRESS **331 OAK HARBOR**
 CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE NAME VPD **MUHL, CLEM** **VICE PRESIDENT** Delete
 STREET ADDRESS **319 OAK HARBOR**
 CITY-ST-ZIP **HAINES CITY FL 33844** **KUHL, CLEM**

TITLE NAME STD **WRIGHT, FRED** Delete
 STREET ADDRESS **328 OAK HARBOR**
 CITY-ST-ZIP **HAINES CITY FL**

TITLE NAME D **O'NEIL, JUNE** **MEMBER AT LARGE** Delete
 STREET ADDRESS **200C OAK HARBOR**
 CITY-ST-ZIP **HAINES CITY FL**

TITLE NAME D **LAMPHERE, SHIRLEY** Delete
 STREET ADDRESS **337 OAK HARBOR**
 CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS **TREASURER**
 CITY-ST-ZIP

TITLE NAME D **JAMES R. COLLINS** Change Addition
 STREET ADDRESS **330 OAK HARBOR**
 CITY-ST-ZIP **HAINES CITY, FL 33844**

TITLE NAME Change Addition
 STREET ADDRESS **SECRETARY**
 CITY-ST-ZIP

TITLE NAME D **BARBARA CRISHER** Change Addition
 STREET ADDRESS **324 OAK HARBOR**
 CITY-ST-ZIP **HAINES CITY, FL 33844**

TITLE NAME Change Addition
 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)(i), 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:

JAMES R. COLLINS
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-01 863-956-4881

DATE

DAYTIME PHONE #

CR2E037 (10/00)