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Mar 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **756967** (6)
1. Corporation Name
HERR'S HAVEN MOBILE PARK ASSOCIATION, INC.



Principal Place of Business HERRS HAVEN CR 477A PO BOX 1202 LAKE PANASOFFKEE FL 33538	Mailing Address HERRS HAVEN CR 477A PO BOX 1202 LAKE PANASOFFKEE FL 33538-1202
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3. Date Incorporated or Qualified 03/26/1981	3a. Date of Last Report 04/05/1996
4. FEI Number 59-2993032	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THORNTON, RANDALL N
NO. 4 THUNDERBIRD PLAZA SHOPPING CENTER
LAKE PANASOFFKEE FL FL 33538**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☒ Addition
NAME	STROBEL, GEORGE	1.2 NAME	ST Teresa L. Driggers
STREET ADDRESS	824 COUNTY RD 477A	1.3 STREET ADDRESS	1143 N.W. 7th Blvd.
CITY-ST-ZIP	LK PANASOFFKEE, FL 00000	1.4 CITY-ST-ZIP	Lake Panasoffkee, FL 33538
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	STEVENSON, R. D.	2.2 NAME	
STREET ADDRESS	5237 TROUBLE CREEK RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	
TITLE	STD ☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	STROBEL, STELLA M	3.2 NAME	
STREET ADDRESS	824 CR 477-A	3.3 STREET ADDRESS	
CITY-ST-ZIP	LK PANASOFFKEE FL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **Teresa L. Driggers** 352/ 568-2378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0045686

CR2E037 (9/96)