

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90120 011 ****61.25

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DOCUMENT # 756967

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/26/1981

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

9. Name and Address of Current 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

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

N/A

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **STROBEL, GEORGE**
STREET ADDRESS **824 COUNTY RD 477A**
CITY-ST-ZIP **LK PANASOFFKEE, FL 00000**

TITLE **VD** ☒ DELETE
NAME **STEVENSON, R. D.**
STREET ADDRESS **5237 TROUBLE CREEK RD**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **ST** ☐ DELETE
NAME **DRIGGERS, TERESA L**
STREET ADDRESS **1143 NW 7 BLVD**
CITY-ST-ZIP **LAKE PANASOFFKEE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☐ Change ☒ Addition
1.2 NAME **Michael C. Harrison**
1.3 STREET ADDRESS **1143 N.W. 7th Blvd.**
1.4 CITY-ST-ZIP **Lake Panasoffkee, FL 33538**

2.1 TITLE **V** ☐ Change ☒ Addition
2.2 NAME **Dee Groce**
2.3 STREET ADDRESS **1168 N.W. 7th Blvd.**
2.4 CITY-ST-ZIP **Lake Panasoffkee, FL 33538**

3.1 TITLE **ST** ☒ Change ☐ Addition
3.2 NAME **Teresa L. Harrison**
3.3 STREET ADDRESS **1143 N.W. 7th Blvd.**
3.4 CITY-ST-ZIP **Lake Panasoffkee, FL 33538**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-99

352/568-2378

Date

Daytime Phone #

CR2E037 (11/98)