2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State
04-22-2004 90030 014 ****61.25

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1. Entity Name
HERR'S HAVEN MOBILE PARK ASSOCIATION, INC.

Principal Place of Business	Mailing Address
HERRS HAVEN CR 477A PO BOX 1202 LAKE PANASOFFKEE, FL 33538	HERRS HAVEN CR 477A PO BOX 1202 LAKE PANASOFFKEE, FL 33538

DO NOT WRITE IN THIS SPACE

01282004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2993032
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HARRISON, MICHAEL C
STREET ADDRESS	1143 N.W. 7TH BLVD.
CITY-ST-ZIP	LAKE PANASOFFKEE, FL 33538
TITLE	ST
NAME	HARRISON, TERESA L
STREET ADDRESS	1143 N.W. 7TH BLVD
CITY-ST-ZIP	LAKE PANASOFFKEE, FL 33538
TITLE	VP
NAME	SANDRONI, LEON
STREET ADDRESS	N.W. 7TH BLVD.
CITY-ST-ZIP	LAKE PANASOFFKEE, FL 33538
TITLE	D
NAME	SPEAR, ROD
STREET ADDRESS	N.W. 11TH BLVD.
CITY-ST-ZIP	LAKE PANASOFFKEE, FL 33538
TITLE	D
NAME	~~VOIGONET, CARL~~ JoAnn Colliver
STREET ADDRESS	~~1104 N.W. 7TH BLVD.~~ PO Box 851
CITY-ST-ZIP	LAKE PANASOFFKEE, FL 33538
TITLE	D
NAME	~~OSBORN, EILEEN~~ Arleen Ison
STREET ADDRESS	~~PO BOX 920~~ PO Box 1046
CITY-ST-ZIP	LAKE PANASOFFKEE, FL 33538

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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: Teresa R. Harrison Sec./Treasurer 4-18-04 352/568-2378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #