

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90414 044 ****61.25

DOCUMENT # 756967	
1. Entity 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
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01232006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 59-2993032	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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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, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRISON, MICHAEL C 1143 N.W. 7TH BLVD. LAKE PANASOFFKEE, FL 33538
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HARRISON, TERESA L 1143 N.W. 7TH BLVD LAKE PANASOFFKEE, FL 33538
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HALL, STEVE 37127 TEMPLE AVE ZEPHYRHILLS, FL 33541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSBORN, EILEEN Leroy Miley PO BOX 020 N.W. 11th Ave. LAKE PANASOFFKEE, FL 33538
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROCTOR, ALLEN 5164 EPPING LANE ZEPHYRHILLS, FL 33541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAVS, EUGENE Dwight Shumate PO BOX 245 N.W. 7th Blvd. WEBSTER, FL 33597 lake Panasoffkee, FL 33538

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 L. Harrison Sec/Treas.* 4-14-06 568-2378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #