

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756967

FILED
Jan 05, 2010
Secretary of State

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

Current Principal Place of Business:

HERRS HAVEN CR 477A
1108 N.W. 7TH BLVD
LAKE PANASOFFKEE, FL 33538

New Principal Place of Business:

Current Mailing Address:

HERRS HAVEN CR 477A
PO BOX 1202
LAKE PANASOFFKEE, FL 33538

New Mailing Address:

FEI Number: 59-2993032

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: OSBORN, BILL
Address: 107 WATERLOO STATION DR
City-St-Zip: CARY, NC 27513

Title: ST
Name: BARRIS, ROBIN
Address: 6242 DELAWARE AVE
City-St-Zip: NEW PORT RICHEY, FL 31653

Title: VP
Name: HALL, STEVE
Address: 37127 TEMPLE AVE
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: D
Name: HARRISON, MIKE
Address: N.W. 7TH BLVD
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: D
Name: PROCTOR, ALLEN
Address: 5164 EPPING LANE
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: D
Name: BAYS, EUGENE
Address: PO BOX 245
City-St-Zip: WEBSTER, FL 33597

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM R. OSBORN

PD

01/05/2010

Electronic Signature of Signing Officer or Director

Date