

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

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03-19-2003 90181 016 ****61.25

DOCUMENT # 756967

1. Entity Name

HERRI'S HAVEN MOBILE PARK ASSOCIATION, INC.



Principal Place of Business

**HERRI'S HAVEN CR 477A
PO BOX 1202
LAKE PANASOFFKEE FL 33538**

Mailing Address

**HERRI'S HAVEN CR 477A
PO BOX 1202
LAKE PANASOFFKEE FL 33538**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$81.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **HARRISON, MICHAEL C**
STREET ADDRESS **1143 N.W. 7TH BLVD.**
CITY-ST-ZIP **LAKE PANASOFFKEE FL 33538**

TITLE **ST** ☐ Delete
NAME **HARRISON, TERESA L**
STREET ADDRESS **1143 N.W. 7TH BLVD**
CITY-ST-ZIP **LAKE PANASOFFKEE FL 33538**

TITLE **VD** ☒ Delete
NAME **SARDONI, CHRIS**
STREET ADDRESS **NW 7TH BLVD**
CITY-ST-ZIP **LAKE PANASOFFKEE FL 33538**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Leon Sandroni**
STREET ADDRESS **N.W. 7th Blvd.**
CITY-ST-ZIP **LAKE PANASOFFKEE FL 33538**

TITLE **Director** ☐ Change ☒ Addition
NAME **Rod Spear**
STREET ADDRESS **NW 7th Blvd.**
CITY-ST-ZIP **LAKE PANASOFFKEE FL 33538**

TITLE **Director** ☐ Change ☒ Addition
NAME **Carl Voisonet**
STREET ADDRESS **1134 NW 7th Blvd.**
CITY-ST-ZIP **LAKE PANASOFFKEE FL 33538**

TITLE **Director** ☐ Change ☒ Addition
NAME **Eileen Osborn**
STREET ADDRESS **PO BOX 920**
CITY-ST-ZIP **LAKE PANASOFFKEE FL 33538**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *[Signature]* Sec/treasurer 3-17-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)