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

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

DOCUMENT # 756967 1. Entity Name HERR'S HAVEN MOBILE PARK ASSOC	IATION, INC.				03-19-2003 90	0181 016 ****	61.25
Principal Place of Business	Mailing Address						•
HERRS HAVEN CR 477A PO BOX 1202	HERRS HAVEN CR 477A PO BOX 1202	•		j			
LAKE PANASOFFKEE FL 33538	LAKE PANASOFFKEE FL 33:	538		! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	HI ANNO 1818 SHID 1281 S) 	MI Arqui IPEI
2. Principal Place of Business	3. Mailing Address		<u> </u>				
Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State	City & State			4. FEI Number 50	9-2993032	 	pplied For of Applicable
Zip Country	Zip	Cou	intry	5. Certificate of St	atus Desired	\$8.75 Ad	
8. Name and Address of Current F	legistered Agent				ress of New Regist	tered Agent	
TARREST DAMPALLA	<u></u>		_Name =				
THORNTON, RANDALL N NO. 4 THUNDERBIRD PLAZA SHOPPING CENTER			Street Address (F	s (P.O. Box Number is Not Acceptable)			
LAKE PANASOFFKEE FL FL 33538			City			FL Zip Cod	
8. The above named entity submits this statement for the purpose of changing its reg					4.6		
the obligations of registered agent.	the purpose of changing its re	egistere	o onice or registere	ed agent, or both, in t	the State of Florida.	i am tamiliar with,	and accept
SIGNATURE	A07					DATE	
Signature, typed or printed name of registered agent an	id atte if applicable. (NOTE:	Flegistered	l Agent signature required o	when reinstating)		DAIE	
FILE NOW: FEE IS \$81.25 9. Election Campa Trust Fund Con		•	· —	\$5.00 May Be Added to Fees		check Payable epartment of S	
10. OFFICERS AND DIRE	CTORS	11.		DDITIONS/CHANGE		ND DIRECTORS IN	
TITLE PO	Delete	ITTLE		Presider		Change	Addition
NAME HARRISON, MICHAEL C STREET ADDRESS 1143 N.W. 7TH BLVD.		NAME	JACCII		oni		
CITY-ST-ZIP LAKE PANASOFFKEE FL 33538		SINCE	I ADDRESS L Y [] '				
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····	☐ Delete	CITY-	ST-ZIP LAK	. 7th Bl	rekoe Fl	_ <u>33538</u> □ Change	Addition
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12. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify mat the information indicated on this report or supplemental report is frue 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: 2 SIGNATION Sep/treasurer 3-17-03