

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000001096 (5)**

1. Corporation Name

OAK HAVEN PARK ASSOCIATION, INC.



Principal Place of Business: **10307 S.W. LETTUCE LAKE AVE., MH 230 ARCADIA FL 33821**
Mailing Address: **10307 S.W. LETTUCE LAKE AVE. MH 230 ARCADIA FL 33821**

3. Date Incorporated or Qualified 03/08/1995	3a. Date of Last Report NA
4. FEI Number FIN 65-6564652	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
AMERILAWYER 343 ALMERIA AVE. CORAL GABLES FL 33134		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBBONS, BOB	1.2 NAME	
STREET ADDRESS	10307 S.W. LETTUCE LAKE AVE., MH 230	1.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL 33821	1.4 CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fred Adzit	2.2 NAME	
STREET ADDRESS	MH 233 10307 Lettuce Lake Ave	2.3 STREET ADDRESS	
CITY-ST-ZIP	Arcadia, FL 33821	2.4 CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bob Meadows	3.2 NAME	
STREET ADDRESS	MH-228-10307 Lettuce Lake Ave	3.3 STREET ADDRESS	
CITY-ST-ZIP	Arcadia FL 33821	3.4 CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bob Gibbons	4.2 NAME	
STREET ADDRESS	MH-229, 10307 Lettuce Lake Ave	4.3 STREET ADDRESS	5.000001 75.488.5.
CITY-ST-ZIP	Arcadia FL 33821	4.4 CITY-ST-ZIP	03/22/96 01091-019
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	\$\$\$61.25
NAME		5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	M. M. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	3-22-96
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert Gibbons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **2/26/96** Day/Time Phone #: **416-993-4226**

CR2E037 (12/95)