


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 AUG -6 PM 4:33

<b>DOCUMENT # N95000001188</b> 1. Entity Name <b>PALM HAVEN MOBILE HOME OWNERS ASSOCIATION INC.</b>	
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Principal Place of Business 3301 58TH AVE. NORTH #139 ST. PETERSBURG, FL 33714	Mailing Address 3301 58TH AVE. NORTH #139 ST. PETERSBURG, FL 33714
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2. Principal Place of Business <b>AS ABOVE</b>	3. Mailing Address <b>AS ABOVE</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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07222004 Chg-NP CR2E037 (10/03)  
 4. FEI Number **59-3306975** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~MOUND L~~ **4. GROEVENOR**  
~~3381 58TH AVE NORTH #355~~ **3301 58TH AVENUE**  
~~455~~ **LOT 179**  
~~ST PETE, FL 33714~~ **ST PETE FL 33714**

7. Name and Address of New Registered Agent

Name **John CALNON (Treasurer)**  
 Street Address (P.O. Box Number is Not Acceptable) **3301 58TH AVE NORTH #355**  
 City **ST PETE** FL Zip Code **33714**

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 *John Calnon (John Calnon)* **7-28-04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25</b> <b>Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	P	
NAME	GROEVENOR, G.	
STREET ADDRESS	3201 58TH AVE., NORTH #179	
CITY-ST-ZIP	ST. PETERSBURG, FL 33714	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	ROSE, JESSIE	
STREET ADDRESS	3201 58TH AVE NORTH #122	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33714	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BAINUM, RUTH	
STREET ADDRESS	3301 58TH AVE. N. # 205	
CITY-ST-ZIP	ST. PETERSBURG, FL 33714	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CALNON, JOHN	
STREET ADDRESS	3301-58TH AVE. #355	
CITY-ST-ZIP	ST. PETERSBURG, FL 33714	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CASIOLIONS, A	
STREET ADDRESS	3301 58TH AVE. NORTH	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	800040825438	
NAME	09/03/04--01071--010 **\$1.25	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *John Calnon Treasurer* **7-28-04** **315 969 6607**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*I will be paying 11-7-04 MASSENAWAY*