

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

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90189 015 \*\*\*\*61.25

**DOCUMENT # N95000001188**

1. Entity Name

**PALM HAVEN MOBILE HOME OWNERS ASSOCIATION INC.**



Principal Place of Business

**3301 58TH AVE. NORTH  
ST. PETERSBURG FL 33714**

Mailing Address

**3301 58TH AVE. NORTH  
ST. PETERSBURG FL 33714**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3306975**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MOUND, L  
3301 59TH AVE N  
455  
ST PETE FL 33714**

7. Name and Address of New Registered Agent

Name **Calnon, Calnon, John**  
**3301 59th Ave N #355**  
City **St. Pete, FL 33714** 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 **John J. Calnon, Treas.**

*John J. Calnon*

**3-31-03**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WILSON, ED</b>	
STREET ADDRESS	<b>3301 58TH AVE. N # 270</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33714</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FITZATRICK, JOAN</b>	
STREET ADDRESS	<b>3301 58TH AVE. N. # 447</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33714</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BAINUM, RUTH</b>	
STREET ADDRESS	<b>3301 58TH AVE. N. # 205</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33714</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>CALNON, JOHN</b>	
STREET ADDRESS	<b>3301-58TH AVE. #355</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33714</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CHURCHILL, JEAN</b>	
STREET ADDRESS	<b>3301 58TH AVE. N. # 351</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33714</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Grosvenor, G.</b>	
STREET ADDRESS	<b>3301 58th Ave N #139</b>	
CITY-ST-ZIP	<b>St. Pete FL 33714</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Rose, Jessie</b>	
STREET ADDRESS	<b>3301 58th Ave N #139</b>	
CITY-ST-ZIP	<b>St. Pete FL 33714</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Rose, Jessie</b>	
STREET ADDRESS	<b>3301 58th Ave N #139</b>	
CITY-ST-ZIP	<b>St. Pete FL 33714</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Same</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Castiglione, A</b>	
STREET ADDRESS	<b>3301 58th Ave. N. 33714</b>	
CITY-ST-ZIP	<b>St. Pete, FL 33714</b>	
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 J. Calnon*

**3-31-03**

CR2E037 (10/02)