

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001261

1. Entity Name

GLEN HAVEN MOBILE HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90109 004 ****61.25

Principal Place of Business	Mailing Address
37251 CHANCEY ROAD ZEPHYRHILLS FL 33541	37251 CHANCEY ROAD ZEPHYRHILLS FL 33541-6610

2. Principal Place of Business	3. Mailing Address
	NEW 3750 GLENHAVEN CR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
	ZEPHYRHILLS
Zip	Country
33541	FL



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	
HEFT, LOIS P 3538 GLENHAVEN CIRCLE ZEPHYRHILLS FL 33541	

7. Name and Address of New Registered Agent	
Name MICHAEL D. WALLS	
Street Address (P.O. Box Number is Not Acceptable) 3750 GLENHAVEN CR.	
City	Zip Code
ZEPHYRHILLS	FL 33541

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.

SIGNATURE MICHAEL D. WALLS, PRESIDENT *Michael D. Walls* 8-20-00
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
-----------------------------	---	--------------------------------	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REEDY, WILLIAM 37251 CHANCEY ROAD ZEPHYRHILLS FL 33541 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALLEN, MARTHA J 37251 CHANCEY ROAD ZEPHYRHILLS FL 33541 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HEFT, LOIS P 37251 CHANCEY ROAD ZEPHYRHILLS FL 33541 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALLS, MICHAEL 3750 GLENHAVEN CR. ZEPHYRHILLS, FL 33541 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHITE, JO 3766 GLENHAVEN CR. ZEPHYRHILLS, FL 33541 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAMILTON, PAUL 3550 GLENHAVEN CR. ZEPHYRHILLS, FL 33541 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVELY, JACK 3587 GLENHAVEN CR. ZEPHYRHILLS, FL 33541 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. WHEELER, KEN 3770 GLENHAVEN CR. ZEPHYRHILLS, FL 33541 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: MICHAEL D. WALLS, PRESIDENT *Michael D. Walls* 3/20/00 (813) 715-7193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 19/99