

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90063 043 ****61.25

DOCUMENT # N99000001261

1. Entity Name

GLEN HAVEN MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

37251 CHANCEY ROAD
 ZEPHYRHILLS FL 33541

Mailing Address

3750 GLENHAVEN CR
 ZEPHYRHILLS FL 33541

2. Principal Place of Business

3. Mailing Address

3550 Glenhaven Cr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Zephyrhills Fl

City & State

City & State

33541

Pasco

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WALLS, MICHAEL D
 3750 GLENHAVEN CR
 ZEPHYRHILLS FL 33541

7. Name and Address of New Registered Agent

Name

Hamilton, Paul

Street Address (P.O. Box Number is Not Acceptable)

3550 Glenhaven Cr.

Zephyrhills

33541

City

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.

SIGNATURE *Paul Hamilton*

Treasurer

4-24-01

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 Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WALLS, MICHAEL	
STREET ADDRESS	3750 GLENHAVEN CR	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ALLEN, MARTHA J	
STREET ADDRESS	37251 CHANCEY ROAD	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	S	<input type="checkbox"/> Delete
NAME	WHITE, JO	
STREET ADDRESS	3766 GLENHAVEN CR	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	T	<input type="checkbox"/> Delete
NAME	HAMILTON, PAUL	
STREET ADDRESS	3550 GLENHAVEN CR	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEVELY, JACK	
STREET ADDRESS	3527 GLENHAVEN CR	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHEELER, KEN	
STREET ADDRESS	3770 GLENHAVEN CR	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Allen, Martha	
STREET ADDRESS	3731 Glenhaven Cr.	
CITY-ST-ZIP	Zephyrhills Fl 33541	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	White, Douglas D	
STREET ADDRESS	3766 Glenhaven Cr	
CITY-ST-ZIP	Zephyrhills Fl 33541	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Oakley, Jim	
STREET ADDRESS	3774 Glenhaven Cr	
CITY-ST-ZIP	Zephyrhills Fl 33541	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Reedy, Wm.	
STREET ADDRESS	3609 Glenhaven Cr.	
CITY-ST-ZIP	Zephyrhills	
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: *Jo White* SIGNATURE REQUIRED Jo White

4-24-01

813-782-2254

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)