


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

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90011 013 ****61.25

DOCUMENT # *119900001261*
1. Entity Name
GLEN HAVEN Mobile Homeowners Association, Inc



DO NOT WRITE IN THIS SPACE

54037439

2. Principal Place of Business
37251 CHANCEY RD
Suite, Apt. #, etc.

3. Mailing Address
3642 GLEN HAVEN CIR
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ZEPHYRHILLS, FL

City & State
ZEPHYRHILLS

4. FEI Number Applied For
Not Applicable

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

Zip Country Zip Country
33541 PASCO FL PASCO

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name _____

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Marilyn Pyne* (NOTE: Registered Agent signature required when reinstating) DATE *4-12-2004*

**FEE IS \$61.25
Initial or Amended UBR**

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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT CLAUDE LEDUC 3547 GLEN HAVEN CIR ZEPHYRHILLS, FL 33541</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V. PRESIDENT DOROTHY MOORE 3539 GLEN HAVEN CIR ZEPHYRHILLS FL 33541</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SECRETARY VIVIAN MAI 3727 GLEN HAVEN CIR ZEPHYRHILLS, FL 33541</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TREASURER MARILYN PYNE 3642 GLEN HAVEN CIR ZEPHYRHILLS, FL 33541</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TRUSTEE RUFET DENBO 3531 GLEN HAVEN CIR ZEPHYRHILLS, FL 33541</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TRUSTEE KEN SCHULTZ 3705 GLEN HAVEN CIR ZEPHYRHILLS, FL 33541</i>	TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Marilyn Pyne* DATE *4-15-2004* DAYTIME PHONE # *1-813-783-1746*

CR2E037B (12/02)