

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

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90144 025 ****61.25

1002500

DOCUMENT # N99000001261

1. Entity Name
GLEN HAVEN MOBILE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**37251 CHANCEY ROAD
ZEPHYRHILLS FL 33541**

Mailing Address

**3550 GLENHAVEN CIRCLE
ZEPHYRHILLS FL 33541**

CHANGE

2. Principal Place of Business

3. Mailing Address

3637 GLENHAVEN CIR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ZEPHYRHILLS FL.

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

33541

PASCO

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUTRA, JAMES
3637 GLENHAVEN CIR
ZEPHYRHILLS FL 33541**

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 **JAMES DUTRA**

3-17-03

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 NAME STREET ADDRESS CITY-ST-ZIP	S ALLEN, MARTHA 3731 GLENHAVEN CIRCLE ZEPHYRHILLS FL 33541	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD REIDY, WILLIAM 3609 GLENHAVEN CIR ZEPHYRHILLS FL 33541	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EATON, CLIFFORD 3643 GLENHAVEN CIR ZEPHYRHILLS FL 33541	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUTRA, JAMES 3550 GLENHAVEN CR ZEPHYRHILLS FL 33541	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OAKLEY, JIM 3774 GLENHAVEN CIRCLE ZEPHYRHILLS FL 33541	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, RAYMOND 3646 GLENHAVEN CIR ZEPHYRHILLS FL 33541	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLIFF EATON 3643 GLENHAVEN CIR. ZEPHYRHILLS, FL. 33541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROBB DENBO 3531 GLENHAVEN CIR. ZEPHYRHILLS, FL. 33541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLAUDE LEDUC 3547 GLENHAVEN CIR 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	D SYD GAFFNEY 3610 GLENHAVEN CIR. ZEPHYRHILLS, FL. 33541	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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: **SIGNATURE DUTRA**

3-17-03

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CR2E037 (10/02)