

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90131 009 ****61.25

DOCUMENT # 738256 1. Entity Name LAKE HAVEN MOBILE HOME OWNERS, INC.					
Principal Place of Business 1415 MAIN STREET LOT #78 DUNEDIN, FL 34698 US			Mailing Address 1415 MAIN STREET LOT #78 DUNEDIN, FL 34698 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2368310	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WALKER, PATRICIA 1415 MAIN ST # 13 DUNEDIN, FL 34698				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VP JONES, JOHN PAUL 1415 MAIN ST., #51 DUNEDIN, FL 34698		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Adeock, Richard 1415 Main St. #15 Dunedin, FL 34698	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SERRANO, JOSEPH 1415 MAIN ST. LOT #34 DUNEDIN, FL 34698		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Holzfaster, Norman 1415 Main St. #482 Dunedin, FL 34698	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HASKELL, BRUCE 1415 MAIN ST. LOT #78 DUNEDIN, FL 34698		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEMME, RICHARD 1415 MAIN STREET, #148 DUNEDIN, FL 34698		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALKER, PATRICIA 1415 MAIN STREET, #13 DUNEDIN, FL 34698		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STACKHOUSE, WALTER 1415 MAIN ST. LOT #511 DUNEDIN, FL 34698		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Bruce S. Haskell</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>03-15-06</u> Daytime Phone # <u>738-0474</u>		