

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90116 025 ****61.25

60012402



01162007 Chg-NP CR2E037 (12/06)

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
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2. Principal Place of Business - No P.O. Box # 1415 MAIN ST	3. Mailing Address 1415 MAIN ST
Suite, Apt. #, etc. LOT 15	Suite, Apt. #, etc. LOT 15

City & State DUNEDIN FLORIDA	City & State DUNEDIN FL
Zip 34698	Country PINELLAS
Zip 34698	Country PINELLAS

4. FEI Number 59-2368310	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WALKER, PATRICIA 1415 MAIN ST # 13 DUNEDIN, FL 34698	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 2007**

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	PD ADEOCK, RICHARD 1415 MAIN ST, # 15 DUNEDIN, FL 34698 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RICHARD M. ADEOCK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SERRANO, JOSEPH 1415 MAIN ST. LOT # 34 DUNEDIN, FL 34698 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HASKELL, BRUCE 1415 MAIN ST. LOT # 78 DUNEDIN, FL 34698 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES DEUENDORF, JANICE 1415 MAIN ST # 14 DUNEDIN FL 34698 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEMME, RICHARD 1415 MAIN STREET, #148 DUNEDIN, FL 34698 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT SCHAUER 1415 MAIN ST # 285 DUNEDIN FL 34698 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALKER, PATRICIA 1415 MAIN STREET, #13 DUNEDIN, FL 34698 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STACKHOUSE, WALTER 1415 MAIN ST. LOT #511 DUNEDIN, FL 34698 <input type="checkbox"/> Delete	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 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: Richard M. Adeock **DATE:** JANUARY 29, 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #