

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90025 007 ****61.25

DOCUMENT # 738256

1. Entity Name
LAKE HAVEN MOBILE HOME OWNERS, INC.



Principal Place of Business

**1415 MAIN STREET
LOT 15
DUNEDIN, FL 34698 US**

Mailing Address

**1415 MAIN STREET
LOT 15
DUNEDIN, FL 34698 US**



01092008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2368310

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WALKER, PATRICIA
1415 MAIN ST
13
DUNEDIN, FL 34698**

**DO NOT WRITE
IN THIS SPACE**

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

Patricia G. Walker

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ADCOCK, RICHARD M
STREET ADDRESS 1415 MAIN ST, # 15
CITY-ST-ZIP DUNEDIN, FL 34698

TITLE VP
NAME SERRANO, JOSEPH
STREET ADDRESS 1415 MAIN ST. LOT # 34
CITY-ST-ZIP DUNEDIN, FL 34698

TITLE TRES
NAME DEUENDORF, JANICE
STREET ADDRESS 1415 MAIN ST #14
CITY-ST-ZIP DUNEDIN, FL 34698

TITLE D
NAME SCHAUER, ROBERT
STREET ADDRESS 1415 MAIN ST #285
CITY-ST-ZIP DUNEDIN, FL 34698

TITLE SD
NAME WALKER, PATRICIA
STREET ADDRESS 1415 MAIN STREET, #13
CITY-ST-ZIP DUNEDIN, FL 34698

TITLE D
NAME ~~STACKHOUSE, WALTER~~
STREET ADDRESS ~~1415 MAIN ST LOT #511~~
CITY-ST-ZIP ~~DUNEDIN, FL 34698~~

*John Balogh
1415 Main St Lot #41
Dunedin FL 34698*

**DO NOT WRITE
IN THIS SPACE**

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:

Janet T Devendorf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/08
Date

1727 738 1437
Daytime Phone #