## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#738256** 

FILED Jan 10, 2009 Secretary of State

Entity Name: LAKE HAVEN MOBILE HOME OWNERS, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
1415 MAIN	STREET					
LOT 15 DUNEDIN,	FL 34698	US				
Current Mailing Address:			New Maili	New Mailing Address:		
1415 MAIN LOT 15 DUNEDIN,		US	1415 MAIN LOT 15 DUNEDIN	N ST. N, FL 34698 US		
FEI Number:	59-2368310	FEI Number Applied For ( )	FEI Number Not App	pplicable ( ) Certificate of Status Desired ( )		
Name and	Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
WALKER, PATRICIA 1415 MAIN ST # 13 DUNEDIN, FL 34698 US			1415 MAIÑ # 53	WALKER, PATRICIA 1415 MAIN ST. #53 DUNEDIN, FL 34698 US		
The above in the State		y submits this statement for the pu	rpose of changing i	its registered office or registered agent, or both,		
SIGNATUR	RE:			01/10/2009		
	Electr	onic Signature of Registered Agen	t	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD ADCOCK, RI 1415 MAIN S DUNEDIN, FI	iT, # 15	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VP SERRANO, J 1415 MAIN S DUNEDIN, FI	T. LOT # 34	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	TRES DEUENDORF 1415 MAIN S DUNEDIN, FI	T #14	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	D SCHAUER, R 1415 MAIN S DUNEDIN, FI	T #285	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	SD WALKER, PA 1415 MAIN S DUNEDIN, FI	TREET, #13	Title: Name: Address: City-St-Zip:	SD (X) Change ( ) Addition WALKER, PATRICIA 1415 MAIN STREET, #53 DUNEDIN, FL 34698		
Title: Name: Address: City-St-Zip:	D BALOGH, JO 1415 MAIN S DUNEDIN, FI	T LOT #41	Title: Name: Address: City-St-Zip:	()Change ()Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD M. ADCOCK PRES 01/10/2009