

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # 756967

1. Entity Name

HERR'S HAVEN MOBILE PARK ASSOCIATION, INC.



Principal Place of Business

HERRS HAVEN CR 477A
PO BOX 1202
LAKE PANASOFFKEE, FL 33538

Mailing Address

HERRS HAVEN CR 477A
PO BOX 1202
LAKE PANASOFFKEE, FL 33538



02112008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2993032

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THORNTON, RANDALL N
NO. 4 THUNDERBIRD PLAZA SHOPPING CENTER
LAKE PANASOFFKEE FL, FL 33538

**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

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

(NOTE: Registered Agent signature required when reinstating)

0476
UN0000033506

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

03/27/08-80053-006 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	OSBORN, BILL
STREET ADDRESS	107 WATERLOO STATION DR
CITY-ST-ZIP	CARY, NC 27513
TITLE	ST
NAME	MILEY, JEAN A
STREET ADDRESS	744 NW 11TH BLVD
CITY-ST-ZIP	LAKE PANASOFFKEE, FL 33538
TITLE	VP
NAME	HALL, STEVE
STREET ADDRESS	37127 TEMPLE AVE
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541
TITLE	D
NAME	MILEY, LEROY
STREET ADDRESS	NW 11TH AVE
CITY-ST-ZIP	LAKE PANASOFFKEE, FL 33538
TITLE	D
NAME	PROCTOR, ALLEN
STREET ADDRESS	5164 EPPING LANE
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541
TITLE	D
NAME	BAYS, EUGENE
STREET ADDRESS	PO BOX 245
CITY-ST-ZIP	WEBSTER, FL 33597

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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:

Jean A. Miley Sec. Treas.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/08
Date

352/
793-5616
Daytime Phone #