## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 756967** 

FILED Apr 11, 2009 Secretary of State

Entity Name: HERR'S HAVEN MOBILE PARK ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
HERRS HAVEN CR 477A PO BOX 1202 LAKE PANASOFFKEE, FL 33538				HERRS HAVEN CR 477A 1108 N.W. 7TH BLVD LAKE PANASOFFKEE, FL 33538			
Current Mailing Address:				New Mailing Address:			
PO BOX 12	AVEN CR 477A 202 ASOFFKEE, FL						
FEI Number:	59-2993032	FEI Number Applied For ( )	FEI Nun	nber Not Appl	icable ( )	Certificate of Statu	ıs Desired ( )
Name and	Address of Cu	ırrent Registered Agent:		Name and	Address of	New Registered A	Agent:
THORNTON, RANDALL N NO. 4 THUNDERBIRD PLAZA SHOPPING CENTER LAKE PANASOFFKEE FL, FL 33538 US				THORNTON, RANDALL N NO. 4 THUNDERBIRD PLAZA SHOPPING CENTER LAKE PANASOFFKEE, FL 33538 US			
	named entity so of Florida.	ubmits this statement for the pu	irpose o	f changing it	ts registered	office or registered	l agent, or both,
SIGNATUF	RE:					04/11/2009	9
	Electroni	c Signature of Registered Agen	nt			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	PD () I OSBORN, BILL 107 WATERLOC CARY, NC 2751			Title: Name: Address: City-St-Zip:	(	()Change ()Addition	
Title: Name: Address: City-St-Zip:	MILEY, JEAN Á 744 NW 11TH BI	Delete LVD FKEE, FL 33538		Title: Name: Address: City-St-Zip:	BARRIS, ROE 6242 DELAW		•
Title: Name: Address: City-St-Zip:	VP ( ) I HALL, STEVE 37127 TEMPLE A ZEPHYRHILLS, I			Title: Name: Address: City-St-Zip:	(	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MILEY, LEROY NW 11TH AVE	Delete FKEE, FL 33538			HARRISON, N N.W. 7TH BL		
Title: Name: Address: City-St-Zip:	D () I PROCTOR, ALLE 5164 EPPING LA ZEPHYRHILLS, I	ANE		Title: Name: Address: City-St-Zip:	(	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () I BAYS, EUGENE PO BOX 245 WEBSTER, FL	Delete 33597		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: WILLIAM R. OSBORN PD 04/11/2009