


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90241 019 ****61.25

DOCUMENT # N00000002384 1. Entity Name OAK HAVEN HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business PO BOX 1655 MOUNT DORA FL 32756			Mailing Address PO BOX 1655 MOUNT DORA FL 32756		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SANDHOLM, MARILYN 920 LAKE ELSIE DRIVE TAVARES FL 32778			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D SANDHOLM, MARILYN		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PO BOX 1655		NAME		
STREET ADDRESS	MOUNT DORA FL 32756		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DP MABRY, JOSEPH		TITLE	DP CROUCH, KEN	
NAME	921 LAKE ELSIE DRIVE		NAME	847 LAKE ELSIE DR.,	
STREET ADDRESS	TAVARES FL 32778		STREET ADDRESS	TAVARES, FL. 32778	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DT MATHESON, SUSAN		TITLE	DT DAVIDE, DOROTHY	
NAME	1610 LAUREL WAY		NAME	1613 POINSETTIA WAY,	
STREET ADDRESS	TAVARES FL 32778		STREET ADDRESS	TAVARES, FL. 32778	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	S CLUTTS, NANCY		TITLE	S CROUCH, PATRICIA	
NAME	926 LAKE ELSIE DRIVE		NAME	847 LAKE ELSIE DR.,	
STREET ADDRESS	TAVARES FL 32778		STREET ADDRESS	TAVARES, FL. 32778	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VP JENNINGS, LINDY		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	932 LAKE ELSIE DRIVE		NAME		
STREET ADDRESS	TAVARES FL 32778		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Marilyn J. Sandholm</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			MARILYN J. SANDHOLM 04/21/04 352-343-5590 <small>Date Daytime Phone #</small>		