

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 15, 2005 08:00 AM**  
**Secretary of State**

**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**



04062005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SANDHOLM, MARILYN  
920 LAKE ELSIE DRIVE  
TAVARES, FL 32778**

**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's signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **D**  
NAME **SANDHOLM, MARILYN**  
STREET ADDRESS **PO BOX 1655**  
CITY-ST-ZIP **MOUNT DORA, FL 32756**

TITLE **DP**  
NAME **CROUCH, KEN**  
STREET ADDRESS **847 LAKE ELSIE DR**  
CITY-ST-ZIP **TAVARES, FL 32778**

TITLE **DT**  
NAME **DAVIDE, DOROTHY**  
STREET ADDRESS **1613 POINSETTIA WAY**  
CITY-ST-ZIP **TAVARES, FL 32778**

TITLE **S**  
NAME **CROUCH, PATRICIA**  
STREET ADDRESS **847 LAKE ELSIE DR**  
CITY-ST-ZIP **TAVARES, FL 32778**

TITLE **VP**  
NAME **JENNINGS, LINDY**  
STREET ADDRESS **932 LAKE ELSIE DRIVE**  
CITY-ST-ZIP **TAVARES, FL 32778**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000307738  
04/15/05-80066-021 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #