


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

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90377 010 \*\*\*\*61.25

DOCUMENT # **N04000001618**

1. Entity Name  
**Oak Haven Mobilehome Owners Association, INC.**



**DO NOT WRITE IN THIS SPACE**

**60024367**

2. Principal Place of Business **MH 215  
10307 Lettuce Lake Ave  
Arcadia FL**

3. Mailing Address **MH 215  
10307 Lettuce Lake Ave  
Arcadia FL**

Suite, Apt. #, etc. **M. H 215**

City & State **Arcadia Fla**

Zip **34269** Country **Desoto**

CR2E037B (8/05)

4. FEI Number **412128730** Applied For  Not Applicable

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

7. Name and Address of Current Registered Agent

Name **Joy Brunett**

Street Address (P.O. Box Number is Not Acceptable) **10307 SW Lettuce Lake Ave  
MH 227**

City **Arcadia** FL Zip Code **34269**

**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.

**Same as above**

SIGNATURE **Joy Brunett** DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FEE IS \$61.25  
Initial or Amended AR**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS			
TITLE	<b>president MH# 215</b>	TITLE	
NAME	<b>Teresa Cappola</b>	NAME	
STREET ADDRESS	<b>10307 SW Lettuce Lake Ave</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>Arcadia, Fla 34269</b>	CITY-ST-ZIP	
TITLE	<b>Vice Pres. MH# 211</b>	TITLE	
NAME	<b>Tony Eccleshall</b>	NAME	
STREET ADDRESS	<b>10307 SW Lettuce Lake Ave</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>Arcadia, Fla 34269</b>	CITY-ST-ZIP	
TITLE	<b>treas. MH# 227</b>	TITLE	
NAME	<b>Joy Brunett</b>	NAME	
STREET ADDRESS	<b>10307 S.W Lettuce Lake Ave</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>Arcadia Fla 34269</b>	CITY-ST-ZIP	
TITLE	<b>Ann Male - Secretary</b>	TITLE	
NAME	<b>Ann Male</b>	NAME	
STREET ADDRESS	<b>10307 SW Lettuce Lake Ave</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>Arcadia, Fla 34269 #133</b>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Teresa Cappola**

**3-28-06-863-494-2975**