


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90043 039 ****61.25

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1. Entity Name
OAK HAVEN MOBILEHOME OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address

**10307 SW LETTUCE LAKE AVENUE MH-215
 ARCADIA, FL 34269** **10307 SW LETTUCE LAKE AVENUE MH-215
 ARCADIA, FL 34269**

DO NOT WRITE IN THIS SPACE



04022008 No Chg-NP CR2E037 (4/06)

4. FEI Number **41-2128730** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BRUNETT, JOY
 10307 SW LETTUCE LAKE AVENUE MH 227
 ARCADIA, FL 34269**

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

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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ECCLESHALL, ANTHONY 10307 SW LETTUCE LAKE AVE MH 222 ARCADIA, FL 34269
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERRINGTON, JACK 10307 S.W. LETTUCE LAKE AVE MH 214 ARCADIA, FL 34269
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRUNETT, JOY 10307 SW LETTUCE LAKE AVE MH 227 ARCADIA, FL 34269
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HERRINGTON, BEV 10307 SW LETTUCE LAKE AVE MH 214 ARCADIA, FL 34269
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Joy Brunett, Joy Brunett Treasurer 4-7-08 (863) 494 1838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #