

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001618

FILED  
Mar 14, 2012  
Secretary of State

**Entity Name:** OAK HAVEN MOBILEHOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

10307 SW LETTUCE LAKE AVENUE MH-232  
ARCADIA, FL 34269

FEI Number: 41-2128730

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

WHITE, SARA  
10307 SW LETTUCE LAKE AVENUE MH 232  
ARCADIA, FL 34269 US

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.

SIGNATURE: SARA WHITE

03/14/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BERGMAN, DAVID  
Address: 10307 SW LETTUCE LAKE AVE MH 207  
City-St-Zip: ARCADIA, FL 34269

Title: VP  
Name: ANDREWS, ANDY  
Address: 10307 S.W. LETTUCE LAKE AVE MH203  
City-St-Zip: ARCADIA, FL 34269

Title: T  
Name: WHITE, SARA  
Address: 10307 SW LETTUCE LAKE AVE MH 227  
City-St-Zip: ARCADIA, FL 34269

Title: S  
Name: BUTLER, JEAN  
Address: 10307 SW LETTUCE LAKE AVE MH213  
City-St-Zip: ARCADIA, FL 34269

I hereby 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 all other like empowered.

SIGNATURE: SARA WHITE

TREA

03/14/2012

Electronic Signature of Signing Officer or Director

Date