2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2008 8:00 am Secretary of State

						JULI UU	ary or k	laic	
DOCUMENT # N0600008442 1. Entity Name OAK HAVEN TOWNHOMES HOMEOWNERS ASSOCIATION, INC.							3 90140 018 ***		
Principal Plac 2502 N. ROO TAMPA, FL 3	CKY POINT DR., STE. 1050	Mailing Address 2502 N. ROCKY POIN TAMPA, FL 33607	IT DR., STE.	1050		, . , .			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03112008 C	hg-NP	CR2E037 (12/	06)		
City & State		City & State 20.3781991 5		4. FEI Number APPLIED F	OR	-	Applied For Not Applicable		
Zip	Country	Zip	Countr		5. Certificate of S	tatus Desired	\$8.75	Additional	
<u> </u>	6. Name and Address of Current	Registered Agent	1 1		7. Name and Ade	iress of New	Registered Agent	<u>lanca</u>	
STROHAUER, GARY N. ESQ.				Name					
1150 CLE\	VELAND ST., STE. 300 ATER, FL 33755		Street Address (P.0			P.O. Box Number is Not Acceptable)			
OLL WAY	11211,12 00100			•					
			,	City		• •	FL Zip	Code	
	named entity submits this statement for	r the purpose of changing i	ts registered	affice or regi	istered agent, or both, in	the State of	Florida. I am familiar	with, and accept	
SIGNATURE .									
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NO	OTE: Registered Ag	gent signature req	quired when reinstating)		DATE		
SIGNATURE .		1				<u> </u>		ele to	
SIGNATURE .	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008	9. Election C		ancing _	\$5.00 May Be Added to Fees	7 . v FI	Make check payal		
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIE	9. Election Co Trust Fund	ampaign Fina	ancing _	\$5.00 May Be Added to Fees		Make check payat	of State	
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIE	9. Election Co Trust Fund	ampaign Final Contribution	ancing _	\$5.00 May Be Added to Fees		Make check payat orida Department	S IN 10	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Coecus

SIGNATURE: _