


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-18-2008 90031 002 ****61.25

DOCUMENT # N13989			
1. Entity Name PINE HAVEN MOBILE HOME PARK ASSOCIATION, INC.			
Principal Place of Business 6320 14TH ST. W. LOT 83 BRADENTON FL 34207 US		Mailing Address 6320 14TH ST. W. LOT 83 BRADENTON FL 34207 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent GRUBER, JOHN S JR Tami J. Waller 6320 14TH ST. W LOT 83 L2 BRADENTON FL 34207		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>Tami J. Waller</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE			
FILE NOW: FEE IS \$61.25 Due By: May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRUBER, JOHN S JR 6320 14TH STREET WEST LOT #83 BRADENTON FL 34207 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Albert Mackey 6320 14th St. W, lot 25 Bradenton, FL 34207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLINGENPEEL, DALE 6320 14TH STREET WEST LOT #65 BRADENTON FL 34207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Clingenpeel, Dale same <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBINSON, THOMAS G 6320 14TH STREET WEST LOT #24 BRADENTON FL 34207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Robinson, Thomas G. Same <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALLER, TAMI 6320 14TH STREET WEST LOT #24 BRADENTON FL 34207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Waller Tami Same <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGINBOTHAM, JANET 6320 14TH STREET WEST #39 BRADENTON FL 34207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Higinbotham, Janet Same <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAWKEY, FLORENCE 6320 14TH STREET WEST LOT #69 BRADENTON FL 34207 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Leslie Harrison 6320 14th St W, Lot 37 Bradenton FL 34207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition



1st MOORE CR2E037 (10/07)

4. FEI Number **59-2767886** Applied For ☐ Not Applicable

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Thomas G. Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/08 (941) 155-3513
Date Cayman Phone #