

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION.
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortharp
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17542 (4)

1. Corporation Name

HAINES HAVEN HOMEOWNERS, INC.



Principal Place of Business

6201 HWY 17, 92W, #38
HAINES CITY FL 33844-6747
US

Mailing Address

C/O ROSE RITCHIE
6201 HWY 17-92 W #38
HAINES CITY FL 33844-6747
US

3. Date Incorporated or Qualified
10/28/1986

3a. Date of Last Report
02/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSE RITCHIE
6201 HWY 17-92W, #38
HAINES HAVEN MHP
HAINES CITY FL 33844

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the filer, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	MANLEY, CAL M.	
STREET ADDRESS	6201 HWY 17-91 W. LOT 42	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BROWN, MARY D.	
STREET ADDRESS	6201 HWY 17-92 W. LOT 43	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	RITCHIE, ROSE	
STREET ADDRESS	6201 HWY 17-92W, #38	
CITY-ST-ZIP	HAINES CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT (DP)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	ANNA CRISLIP	
13 STREET ADDRESS	6201 HWY 17-92W #32	
14 CITY-ST-ZIP	HAINES CITY FL 33844	
21 TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	MARY D. BROWN	
23 STREET ADDRESS	6201 HWY 17-92W #43	
24 CITY-ST-ZIP	HAINES CITY, FL 33844	
31 TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	ROSE RITCHIE	
33 STREET ADDRESS	6201 HWY 17-92W #38	
34 CITY-ST-ZIP	HAINES CITY, FL 33844	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	800001808538	
53 STREET ADDRESS	-05/06/96--01024--019	
54 CITY-ST-ZIP	***61.25	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mary D. Brown* MARY D. BROWN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 2 1996 941-956-9184
Date Daytime Phone #

CR2E037 (12/95)