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Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N32397 (4)

1. Corporation Name

OAK HARBOR OF HAINES CITY MOBILE HOMEOWNERS ASSO CIATION, INC.

Principal Place of Business	Mailing Address
328 OAK HARBOR HAINES CITY FL 33844 US	~~328~~ 328 OAK HARBOR HAINES CITY FL 33844 US

3. Date Incorporated or Qualified: 05/19/1989

4. FEI Number: 59-2953833 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 328 OAK HARBOR
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WRIGHT, FRED 328 OAK HARBOR 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 617.1508, 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 Fred Wright - STD Fred Wright 2-2-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PRESIDENT - DIRECTOR	☐ Change ☒ Addition
NAME	BURKE, BOB N		1.2 NAME	ELVA PROCOPIO	
STREET ADDRESS	309 OAK HARBOR		1.3 STREET ADDRESS	339 OAK HARBOR	
CITY-ST-ZIP	HAINES CITY FL		1.4 CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	VD	☒ DELETE	2.1 TITLE	VICE PRESIDENT - DIRECTOR	☐ Change ☒ Addition
NAME	QUAIL, GEORGE		2.2 NAME	CLEM KUHL	
STREET ADDRESS	310 OAK HARBOR		2.3 STREET ADDRESS	319 OAK HARBOR	
CITY-ST-ZIP	HAINES CITY FL		2.4 CITY-ST-ZIP	HAINES CITY FL. 33844	
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WRIGHT, FRED		3.2 NAME		
STREET ADDRESS	328 OAK HARBOR		3.3 STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	O'NEIL, JUNE		4.2 NAME		
STREET ADDRESS	200C OAK HARBOR		4.3 STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	BUSCH, LYNN		5.2 NAME	SHIRLEY LAMPHERE	
STREET ADDRESS	304 OAK HARBOR		5.3 STREET ADDRESS	337 OAK HARBOR	
CITY-ST-ZIP	HAINES CITY FL		5.4 CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Fred Wright FRED WRIGHT 2-2-98 941-956-2112

CR2E037 (10/97)