2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State
03-31-2004 90005 004 ****61.25

DOCUMENT # N32397

1. Entity Name
OAK HARBOR OF HAINES CITY MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
330 OAK HARBOR HAINES CITY, FL 33844 US	330 OAK HARBOR HAINES CITY, FL 33844 US

03252004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
358 OAK HARBOR Suite, Apt. #, etc.	358 OAK HARBOR Suite, Apt. #, etc.
City & State: HAINES CITY, FL Zip: 33844 Country:	City & State: HAINES CITY, FL. Zip: 33844 Country:

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COLLINS, JAMES R 330 OAK HARBOR HAINES CITY, FL 33844	Name: KILLEEN, ROBERT D. Street Address (P.O. Box Number is Not Acceptable): 358 OAK HARBOR City: HAINES CITY FL Zip Code: 33844

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: ROBERT D. KILLEEN TD Robert D. Killeen 3/26/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD KUHL, CLEM 319 OAK HARBOR HAINES CITY, FL 33844	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD COLLINS, JAMES R 330 OAK HARBOR HAINES CITY, FL 33844	☒ Delete	TD KILLEEN, ROBERT D 358 OAK HARBOR HAINES CITY, FL. 33844	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'NEIL, JUNE 200C OAK HARBOR HAINES CITY, FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CRISHER, BARBARA 324 OAK HARBOR HAINES CITY, FL 33844	☒ Delete	D LOTOSTANSKI, FELICE 329 OAK HARBOR HAINES CITY FL 33844	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FORBES, SAM 350 OAK HARBOR HAINES CITY, FL 33844	☐ Delete	D YOUNG, WILBER 342 OAK HARBOR HAINES CITY FL, 33844	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	S KUHL, SHIRLEY 319 OAK HARBOR HAINES CITY FL. 33844	☐ Change ☒ Addition

12. 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 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: Robert D. Killeen 3/26/04 863-956-8723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #