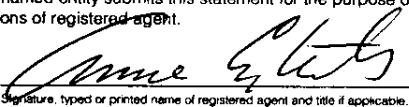
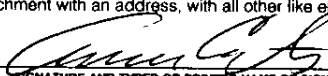


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90004 042 ****61.25

DOCUMENT # N32397 1. Entity Name OAK HARBOR OF HAINES CITY MOBILE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 358 OAK HARBOR HAINES CITY, FL 33844 US		Mailing Address 358 OAK HARBOR HAINES CITY, FL 33844 US	
2. Principal Place of Business - No P.O. Box # 322 Oak Harbor Suite, Apt. #, etc.		3. Mailing Address 322 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 KILLEEN, ROBERT D 358 OAK HARBOR HAINES CITY, FL 33844		7. Name and Address of New Registered Agent Name ESZTERHAS, ANNE Street Address (P.O. Box Number is Not Acceptable) 322 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 		ANNE ESZTERHAS Treasurer 3/2/07 (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2007		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 LIMA, FRED 349 OAK HARBOR HAINES CITY, FL 33844 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ESZTERHAS, ANNE 322 Oak Harbor Haines City, FL 33844 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD KILLEEN, ROBERT O 358 OAK HARBOR HAINES CITY, FL 33844 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'NEIL, JUNE 200C OAK HARBOR HAINES CITY, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINCAID, GRACE 359 OAK HARBOR HAINES CITY, FL 33844 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARCOUX, MONIQUE 311 OAK HARBOR HAINES CITY, FL 33844 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. 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: 		ANNE ESZTERHAS Treasurer 863-956-6031 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	