

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32397

FILED  
Mar 25, 2009  
Secretary of State

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

**Current Principal Place of Business:**

322 OAK HARBOR  
HAINES CITY, FL 33844 US

**New Principal Place of Business:**

**Current Mailing Address:**

322 OAK HARBOR  
HAINES CITY, FL 33844 US

**New Mailing Address:**

**FEI Number:** 59-2953833

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ESZTERHAS, ANNE  
322 OAK HARBOR  
HAINES CITY, FL 33844 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LIMA, FRED  
Address: 349 OAK HARBOR  
City-St-Zip: HAINES CITY, FL 33844

Title: VTD ( ) Delete  
Name: ESZTERHAS, ANNE  
Address: 322 OAK HARBOR  
City-St-Zip: HAINES CITY, FL 33844

Title: D ( ) Delete  
Name: HITCHCOCK, ANNE  
Address: 316 OAKHARBOR  
City-St-Zip: HAINES CITY, FL 33844

Title: D ( ) Delete  
Name: MCBROOM, DANIEL  
Address: 361 OAK HARBOR  
City-St-Zip: HAINES CITY, FL 33844

Title: SD ( ) Delete  
Name: MARCOUX, MONIQUE  
Address: 311 OAK HARBOR  
City-St-Zip: HAINES CITY, FL 33844

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: HERSHBERGER, RAY  
Address: 335 OAK HARBOR  
City-St-Zip: HAINES CITY, FL 33844

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BRATCHER, GARY  
Address: 200E OAK HARBOR  
City-St-Zip: HAINES CITY, FL 33844

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: TODD, SHIRLEY  
Address: 303 OAK HARBOR  
City-St-Zip: HAINES CITY, FL 33844

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNE ESZTERHAS

VTD

03/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date