2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32397

FILED Feb 22, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

200E OAK HARBOR 200E OAK HARBOR CP

HAINES CITY, FL 33844 US HAINES CITY, FL 33844 US

Current Mailing Address: New Mailing Address:

200E OAK HARBOR 200E OAK HARBOR CP

HAINES CITY, FL 33844 US HAINES CITY, FL 33844 US

FEI Number: 59-2953833 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BRATCHER, GARY
200E OAK HARBOR
200E OAK HARBOR CP
HAINES CITY, FL 33844 US
BRATCHER, GARY
200E OAK HARBOR CP
HAINES CITY, FL 33844 US

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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: 02/22/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

Name: BRATCHER, GARY
Address: 200E OAK HARBOR CP
City-St-Zip: HAINES CITY, FL 33844

Title: VD

Name: ESZTERHAS, ANNE
Address: 322 OAK HARBOR CP
City-St-Zip: HAINES CITY, FL 33844

Title: STD

Name: MILLER, PATRICIA
Address: 361 OAK HARBOR CP
City-St-Zip: HAINES CITY, FL 33844

Title:

Name: KURZ, LINDA

Address: 315 OAK HARBOR CP City-St-Zip: HAINES CITY, FL 33844

Title: D

Name: DEAN, LARRY
Address: 321 OAK HARBOR CP
City-St-Zip: HAINES CITY, FL 33844

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA MILLER STD 02/22/2012