FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # N36839

1. Corporation Name
FISH HAVEN MOBIL HO MEOWNERS ASSN., INC.
c/o Lee Jay Colling, Suite 700
20 N Orange Ave., Orlando FL 32801-4505

Principal Place of Business | Mailing Address

3. Date Incorporated or Qualified: 02/26/1990
3a. Date of Last Report: 04/25/95
4. FEI Number: 592990534 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

9. Name and Address of Current Registered Agent
Lee Jay Colling,
20 N. Orange Ave., Suite 700
Orlando FL 32801

10. Name and Address of New Registered Agent
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P/D	☐ DELETE
NAME	Thomas Murray	
STREET ADDRESS	27 Linda Lane	
CITY-ST-ZIP	Auburndale FL 33823	
TITLE	V/D	☐ DELETE
NAME	Russell Davis	
STREET ADDRESS	37 Linda Lane	
CITY-ST-ZIP	Auburndale FL 33823	
TITLE	T/D	☐ DELETE
NAME	Vera Wood	
STREET ADDRESS	12 Fish Haven Road	
CITY-ST-ZIP	Auburndale FL 33823	
TITLE	S/D	☐ DELETE
NAME	Marjorie Swindell	
STREET ADDRESS	43 Linda Lane	
CITY-ST-ZIP	Auburndale Fl 33823	
TITLE	D	☐ DELETE
NAME	Eleanor Davis	
STREET ADDRESS	37 Linda Lane	
CITY-ST-ZIP	Auburndale FL 33823	
TITLE	D	☐ DELETE
NAME	Marlene Murray	
STREET ADDRESS	27 Linda Lane	
CITY-ST-ZIP	Auburndale FL 33823	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	300001831253	☐ Change ☐ Addition
5.2 NAME	-05/21/96--01025--004	
5.3 STREET ADDRESS	***61.25	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

5-19-96 DR

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Thomas D. Murray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Thomas Murray, President

Date: 04/25/96 Daytime Phone #: 941-984-2986

CR2E037 (12/95)