

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N36839** (1)
1. Corporation Name
FISH HAVEN MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 20 N ORANGE AVE STE 700 ORLANDO FL 32801 US	Mailing Address 20 N ORANGE AVE STE 700 ORLANDO FL 32801 US
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2. Principal Place of Business 21 500 N. MAITLAND AVE. Suite, Apt. #, etc. 22 SUITE 203 City & State 23 MAITLAND FL Zip 24 32751 Country 25 USA	2a. Mailing Address 26 500 N. MAITLAND AVE. Suite, Apt. #, etc. 27 SUITE 203 City & State 28 MAITLAND FL Zip 29 32751 Country 30 USA
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3. Date Incorporated or Qualified 02/26/1990	Applied For Not Applicable
4. FEI Number 59-2990534	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**COLLING, LEE JAY
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) 500 N. MAITLAND AVE. 83 SUITE 203 84 City MAITLAND 85 Zip Code FL 32751
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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	VD <input type="checkbox"/> DELETE
NAME	DAVIS, RUSSELL
STREET ADDRESS	37 LINDA LANE
CITY-ST-ZIP	AUBURNDAL FL 33823
TITLE	PD <input type="checkbox"/> DELETE
NAME	MURRAY, THOMAS
STREET ADDRESS	27 LINDA LANE
CITY-ST-ZIP	AUBURNDAL FL 33823
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	WOOD, VERA
STREET ADDRESS	12 FISH HAVEN RD.
CITY-ST-ZIP	AUBURNDAL FL 33823
TITLE	SD <input type="checkbox"/> DELETE
NAME	SWINDELL, MARJORIE
STREET ADDRESS	43 LINDA LANE
CITY-ST-ZIP	AUBURNDAL FL 33823
TITLE	D <input type="checkbox"/> DELETE
NAME	DAVIS, ELEANOR
STREET ADDRESS	37 LINDA LANE
CITY-ST-ZIP	AUBURNDAL FL 33823
TITLE	D <input type="checkbox"/> DELETE
NAME	MURRAY, MARLENE
STREET ADDRESS	27 LINDA LANE
CITY-ST-ZIP	AUBURNDAL FL 33823

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	T.D. LOIS LEVIN
3.3 STREET ADDRESS	57 LINDA LANE
3.4 CITY-ST-ZIP	AUBURNDAL FLA. 33823
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 B. Murray

4-19-98

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884-2086

CR2E037 (10/97)