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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N36839

1. Corporation Name

FISH HAVEN MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

500 N. MAITLAND AVE
SUITE 203
MAITLAND FL 32751
US

Mailing Address

500 N. MAITLAND AVE
SUITE 203
MAITLAND FL 32751
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

02/26/1990

4. FEI Number

59-2990534

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

9. Name and Address of Current Registered Agent

COLLING, LEE JAY
500 N. MAITLAND AVE
SUITE 203
MAITLAND FL 32751

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 VD
NAME DAVIS, RUSSELL
STREET ADDRESS 37 LINDA LANE
CITY-ST-ZIP AUBURNDALE FL 33823

☐ DELETE

TITLE PD
NAME MURRAY, THOMAS
STREET ADDRESS 27 LINDA LANE
CITY-ST-ZIP AUBURNDALE FL 33823

☐ DELETE

TITLE TD
NAME LEVIN, LOIS
STREET ADDRESS 57 LINDA LANE
CITY-ST-ZIP AUBURNDALE FL 33823

☐ DELETE

TITLE SD
NAME SWINDELL, MARJORIE
STREET ADDRESS 43 LINDA LANE
CITY-ST-ZIP AUBURNDALE FL 33823

☐ DELETE

TITLE D
NAME DAVIS, ELEANOR
STREET ADDRESS 37 LINDA LANE
CITY-ST-ZIP AUBURNDALE FL 33823

☐ DELETE

TITLE D
NAME MURRAY, MARLENE
STREET ADDRESS 27 LINDA LANE
CITY-ST-ZIP AUBURNDALE FL 33823

☐ DELETE

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 ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

4-24-99 941-984-2986