

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36839

1. Entity Name

FISH HAVEN MOBILE HOMEOWNERS ASSOCIATION, INC.

FILED

May 19, 2002 8:00 am  
Secretary of State

05-19-2002 90059 041 \*\*\*\*61.25

Principal Place of Business

Mailing Address

500 N. MAITLAND AVE  
SUITE 203  
MAITLAND FL 32751  
US

FISH HAVEN LODGE  
27 LINDA LANE  
AUBURNDALE FL 33823  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2990534

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME JONES, JACK  
STREET ADDRESS 7 FISH HAVEN ROAD  
CITY-ST-ZIP AUBURNDALE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-02 1-863-984-2986

CR2E037 (9/01)