

# 2007 NOT-FOR-PROFIT CORPORATION - ANNUAL REPORT (AR)

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90082 034 \*\*\*\*61.25

**DOCUMENT # N36839**

1. Entity Name

**FISH HAVEN MOBILE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

500 N. MAITLAND AVE  
SUITE 203  
MAITLAND FL 32751  
US

Mailing Address

FISH HAVEN LODGE  
618 LINDA LANE  
AUBURNDAL FL 33823  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2990534

Applied For

Not Applicable

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

**BAEHR, GEORGE**  
**355 HAVENDALE BLVD**  
**AUBURNDAL BOOKKEEPING & TAX SERVICE**  
**AUBURNDAL FL 33823**

Name

*Donnell E. Baehr Jr*  
Street Address (P.O. Box Number is Not Acceptable)

*335 Havendale Blvd*

City

*Auburndale*

**FL**

Zip Code

*33823*

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. I am familiar with, and accept the obligations of registered agent.

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**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCNABB, THOMAS 669 LINDA LN AUBURNDAL FL 33823	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CLARK, DOUGLAS 605 LIDA LN AUBURNDAL FL 33823	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KEARNEY, SYBIL 664 LINDA LANE AUBURNDAL FL 33823	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MONTGOMERY, PEGGY 618 LINDA LANE AUBURNDAL FL 33823	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEONARD, GERI 283 FISH HAVEN RD. AUBURNDAL FL 33823	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PARKEL, YVONNE LINDA LN AUBURNDAL FL 33823	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DIANE ERDLEY 288 FISH HAVEN RD. AUBURNDAL, FL. 33823	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHARLES HOYORKA 677 LINDA LN. AUBURNDAL, FL. 33823	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** *Peggy Montgomery* - PEGGY MONTGOMERY TD 4-14-07 863-984-9400