## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

## DOCUMENT # N9500001096 (5) 1. Corporation Name

OAK HAVEN PARK ASSOCIATION, INC.

Principal Place of Business  10307 S.W. LETTUCE LAKE AVE MH 230 ARCADIA FL 33821  2. Principal Place of Business  Mailing Address  10307 S.W. LETTUCE LA ARCADIA FL 33821	AKE AVE. MH 230		1911 - SAIN
ARCADIA FL 33821 ARCADIA FL 33821	AKE AVE. MH 230		
Princinal Place of Business     2a. Mailing Address			
Principal Place of Business 2a. Mailing Address		3. Date incorporated or Qualified 03/08/1995	3a. Date of Last Report
21 1 11 10 20 1 10 10 10 10 10 10 10 10 10 10 10 10	.,,,,,	4. FEI Number	Applied For
26		EIN 65-056465	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State		6. Election Campaign Financing	\$5.00 May Be
28		Trust Fund Contribution	Added to 1 des
Zip Country Zip	Country	This corporation has liability for in Florida Statutes	tangible tax under s. 199.032, Yes <b>&amp; No</b> -
4 25 29 29 9. Name and Address of Current Registered Agent	30	10. Name and Address of New Re	
9. Name and Address of Content regional of System	81 Name		
AMERILAWYER	82 Street Add	Iress (P.O. Box Number is Not Acceptable	2)
343 ALMERIA AVE.	62 Sireer Add	IIGSS (F.O. EXX HOMESON IS THE FOOD SAME	······································
©ORAL GABLES FL 33134	83		
	84 City		85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statute	[ ] [ ]		FL
agrade, types of processing and agrant agran	ote. Registered Agent signature requir		O4Té
12. OFFICERS AND DIRECTORS	13.	ADDITIONS CHANGES TO OTTE	Change Addition
CIDDONIC DOD	1.2 NAME		
40207 CW LETTICE LAVE AVE MH 220	13 STREET ADDRESS		
ADCADIA EL 22921	14 CITY - ST - 7iP		
TIFLE DIrector DELETE	2 1 TITLE		Change Addition
	2 2 NAMÉ		
STREET ADDRESS STREET ADDRESS STREET ADDRESS	De 23 STREET ADDRESS		
OTV. ST. 219 10 10 10 10 10 10 10 10 10 10 10 10 10	2 4 CITY - ST - ZIP		
TITLE Director DELETE	3 ' 1:111		☐ Change ☐ Addition
	A. 32 NAME		
STREET ADDRESS 1 1 A 4 - 2.3 9 - 10367 LE 1700 L	3.3 STREET ADDRESS		
CITY-SI-ZIP Hrcadia +1. 33831	3.4 City-St-ZiP 4.1 Tifle		☐ Change ☐ Addition
Director	4 2 NAME	Billing ting your service with the service	<b>_</b>
NAME Bob Gibbons	4 2 NAVIE 4 3 STREET ADDRESS	\$40000174 -03/22/96-010	មាក់ ស្មែញ ដោធ្វា បាក់ ១១៧៥
STREET ADDRESS MH-229 10307 Lettuce Lake  CITY-SI-ZIP Mrcadia 31. 33821  DELETE	44 CITY - ST ZIP	***61_25	131 UIJ
TILE DELETE	51 TITLE		☐ Change ☐ Addition
NAME	5 2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		
CITY-ST-ZIP	5.4 CITY - S1 - ZIP		
THLE DELETE	6 : TITLE	47	1-W(1) Change □ Addition 3-22-96
NAME	6.2 NAME	/ /	
I	6.3 STREET ADDRESS	<i>Y</i> 2	ろこ 40二01
STREET ADDRESS	0.3 STREET AUDITOS	e e e e e e e e e e e e e e e e e e e	1 dest 10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR