

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000001188

1. Entity Name  
PALM HAVEN MOBILE HOME OWNERS ASSOCIATION  
INC.



FILED  
CLERK OF THE STATE  
DIVISION OF CORPORATIONS

04 AUG -6 PM 4:33

Principal Place of Business  
3301 58TH AVE. NORTH  
#139  
ST. PETERSBURG, FL 33714

Mailing Address  
3301 58TH AVE. NORTH  
#139  
ST. PETERSBURG, FL 33714

2. Principal Place of Business  
**AS ABOVE**

3. Mailing Address  
**AS ABOVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07222004

Chg-NP

CR2E037 (10/03)

4. FEI Number  
59-3306975

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

~~MOUND, L.~~ **4. GROEVENOR**  
~~3381 58TH AVE NORTH #355~~  
~~455~~ **3301 58TH AVENUE**  
~~ST PETE, FL 33714~~ **LOT 179**  
**ST PETE FL 33714**

Name **John CALNAN (Treasurer)**  
Street Address (P.O. Box Number is Not Acceptable)  
**3301 58TH AVE NORTH #355**  
City **ST PETE** FL Zip Code **33714**

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 **John Calnan (John Calnan)** **7-28-04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME GROEVENOR, G.  
STREET ADDRESS 3201 58TH AVE., NORTH #179  
CITY-ST-ZIP ST. PETERSBURG, FL 33714

TITLE ☐ Change ☐ Addition  
NAME **800040825438**  
STREET ADDRESS **09/03/04--01071--010** **\*\*\$61.25**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME VPSD  
STREET ADDRESS ROSE, JESSIE  
CITY-ST-ZIP 3201 58TH AVE NORTH #122  
SAINT PETERSBURG, FL 33714

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

TITLE ☒ Delete  
NAME SD  
STREET ADDRESS BAINUM, RUTH  
CITY-ST-ZIP 3301 58TH AVE. N. # 205  
ST. PETERSBURG, FL 33714

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

TITLE ☐ Delete  
NAME TD  
STREET ADDRESS CALNAN, JOHN  
CITY-ST-ZIP 3301-58TH AVE. #355  
ST. PETERSBURG, FL 33714

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

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS CASIOLIONS, A  
CITY-ST-ZIP 3301 58TH AVE. NORTH  
SAINT PETERSBURG, FL 33714

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **John Calnan (Treasurer)** **7-28-04** **315 769 6607**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**Will be done 11-7-04 MASSENA NY**