

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90027 039 \*\*\*\*61.25

<b>DOCUMENT # N99000006339</b> 1. Entity Name <b>OTTER BAY HAVEN LANDOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>9125 NW 130TH AVE CHIEFLAND, FL 32626-8002 US</b>				Mailing Address <b>9125 NW 130TH AVE CHIEFLAND, FL 32626-8002 US</b>	
2. Principal Place of Business <b>P.O. Box 981</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 981</b> Suite, Apt. #, etc.		<b>(N99000006339N)</b>	
City & State <b>CRYSTAL SPRINGS, FL</b>		City & State <b>CRYSTAL SPRINGS, FL</b>		4. FEI Number <b>31-1678717</b>	
Zip <b>33524</b>		Country <b>U.S.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BRUCKNER, LORI 9125 NW 130TH AVE CHIEFLAND, FL 32626</b>				7. Name and Address of New Registered Agent Name <b>KAREN L. WARREN</b> Street Address (P.O. Box Number is Not Acceptable) <b>7806 HWY 39</b> City <b>PLANT CITY</b> <b>FL</b> Zip Code <b>33565</b>	
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 <u><i>Karen L. Warren</i></u> <b>PRESIDENT</b> <b>2/20/06</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE <b>PST</b>	NAME <b>BRUCKNER, LORI</b>		TITLE <b>PRESIDENT (P)</b>	NAME <b>KAREN WARREN</b>	
STREET ADDRESS <b>9125 NW 130TH AVE</b>	CITY-ST-ZIP <b>CHIEFLAND, FL 326268002</b>		STREET ADDRESS <b>7806 HWY 39</b>	CITY-ST-ZIP <b>PLANT CITY, FL 33565</b>	
TITLE <b>V</b>	NAME <b>GAYLARD, DEBORAH</b>		TITLE <b>SECRETARY (S)</b>	NAME <b>RENEE TUCKER</b>	
STREET ADDRESS <b>15501 MORGAN ST</b>	CITY-ST-ZIP <b>CLEARWATER, FL 337602155</b>		STREET ADDRESS <b>10939 MAY APPLE COURT</b>	CITY-ST-ZIP <b>(LAND) O' LAKES, FL 33408</b>	
TITLE <b>D</b>	NAME <b>CARSON, BETTY</b>		TITLE <b>TREASURER (T)</b>	NAME <b>RICHARD WARREN</b>	
STREET ADDRESS <b>2901 N. FRITZKE ROAD</b>	CITY-ST-ZIP <b>DOVER, FL 33527</b>		STREET ADDRESS <b>7806 HWY 39</b>	CITY-ST-ZIP <b>PLANT CITY, FL 33565</b>	
TITLE <b>D</b>	NAME <b>WARREN, RICHARD</b>		TITLE <b>BOARD OF DIRECTORS AT LARGE (D)</b>	NAME <b>HAP CARSON</b>	
STREET ADDRESS <b>P.O. BOX 981</b>	CITY-ST-ZIP <b>CRYSTAL SPRINGS, FL 33524</b>		STREET ADDRESS <b>2901 N. FRITZKE RD</b>	CITY-ST-ZIP <b>DOVER, FL 33527</b>	
TITLE <b>D</b>	NAME <b>RICHARD, ART</b>		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
STREET ADDRESS <b>1880 TANGLEWOOD DR</b>	CITY-ST-ZIP <b>SAINT PETERSBURG, FL 33702</b>		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
Change <input type="checkbox"/> Addition <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u><i>Karen L. Warren</i></u> <b>PRESIDENT</b> <b>2/20/06</b> <b>813-918-3369</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

KAREN L. WARREN