

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90035 028 ****61.25

DOCUMENT # N99000006339

1. Entity Name
OTTER BAY HAVEN LANDOWNERS ASSOCIATION, INC.



Principal Place of Business
**POB 981
CRYSTAL SPRINGS, FL 33524 US**

Mailing Address
**POB 981
CRYSTAL SPRINGS, FL 33524 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

04082007 Chg-NP CR2E037 (12/06)

4. FEI Number
31-1678717

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

**WARREN, KAREN L
7806 HWY 39
PLANT CITY, FL 33565**

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. 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

**Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **P WARREN, KAREN**
STREET ADDRESS **7806 HWY 39**
CITY-ST-ZIP **PLANT CITY, FL 33565**

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

TITLE ☒ Delete
NAME **S TUCKER, RENEE**
STREET ADDRESS **10939 MAY APPLE CT**
CITY-ST-ZIP **LAND O LAKES, FL 34638**

TITLE ☒ Change ☐ Addition
NAME **HELEN REY**
STREET ADDRESS **27255 LAMBETH RD.**
CITY-ST-ZIP **BROOKSVILLE, FL 34602**

TITLE ☐ Delete
NAME **T WARREN, RICHARD**
STREET ADDRESS **7856 HWY 39**
CITY-ST-ZIP **PLANT CITY, FL 33565**

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

TITLE ☐ Delete
NAME **BOD CARSON, HAP**
STREET ADDRESS **2901 N FRITZKIE RD**
CITY-ST-ZIP **DOVER, FL 33527**

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

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 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:

Karen L Warren
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/07
Date

813-918-3369
Daytime Phone #