

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 709483 (2)**  
 1. Corporation Name  
**LOS HAVEN ASSOCIATION, INC.**



Principal Place of Business <b>12655 NE 243RD AVE. SALT SPRINGS FL 32134</b>	Mailing Address <b>P.O. BOX 5157 SALT SPRINGS FL 32134</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
<b>21</b>		<b>26</b>	<b>1705 THOMAS ST</b>	<b>08/20/1965</b>		<b>05/01/1995</b>	
Suite, Apt #, etc.		Suite, Apt #, etc.		4. FEI Number		Applied For	
				<b>70-9483522</b>		Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired		<b>\$8.75 Additional Fee Required</b>	
<b>23</b>		<b>TITUSVILLE FL</b>		<input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Zip		29. Zip		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<b>25</b>		<b>32780</b>		<b>30</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**BAKER, JOHN**  
**24567 N.E. 127TH ST.**  
**SALT SPRINGS FL 32134**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	<b>CARLA T YOUNG</b>
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	<b>1705 THOMAS ST</b>
<b>83</b>	
<b>84</b> City	<b>TITUSVILLE FL</b>
<b>85</b> Zip Code	<b>32780</b>

**11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.**

SIGNATURE *Carla T Young* **CARLA T. YOUNG** **7/20/96**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BAKER, JOHN</b>	
STREET ADDRESS	<b>24567 N.E. 127TH ST.</b>	
CITY-ST-ZIP	<b>SALT SPRINGS FL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>COLEMAN, KEN</b>	
STREET ADDRESS	<b>24635 N.E. 127TH ST.</b>	
CITY-ST-ZIP	<b>SALT SPRINGS FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>YOUNG, CARLA</b>	
STREET ADDRESS	<b>1705 THOMAS ST.</b>	
CITY-ST-ZIP	<b>TITUSVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>TAYLOR, ED</b>	
STREET ADDRESS	<b>24450 NE 127TH ST.</b>	
CITY-ST-ZIP	<b>SALT SPRINGS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>COX, TINK</b>	
STREET ADDRESS	<b>24370 NE HWY 314</b>	
CITY-ST-ZIP	<b>SALT SPRINGS FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>ACTING PRES</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>ED TAYLOR</b>	
1.3 STREET ADDRESS	<b>24450 NE 127TH ST</b>	
1.4 CITY-ST-ZIP	<b>SALT SPRINGS FL 32134</b>	
2.1 TITLE	<b>V ED TAYLOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>ED TAYLOR</b>	
2.3 STREET ADDRESS	<b>24450 NE 127TH ST</b>	
2.4 CITY-ST-ZIP	<b>SALT SPRINGS FL 32134</b>	
3.1 TITLE	<b>ST</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>CARLA YOUNG</b>	
3.3 STREET ADDRESS	<b>1705 THOMAS ST</b>	
3.4 CITY-ST-ZIP	<b>TITUSVILLE FL 32780</b>	
4.1 TITLE	<b>D BOB DAMRON</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>BOB DAMRON</b>	
4.3 STREET ADDRESS	<b>5130 SAN JUAN AVE</b>	
4.4 CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>	
5.1 TITLE	<b>D TINK COX</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>TINK COX</b>	
5.3 STREET ADDRESS	<b>24370 NE HWY 314</b>	
5.4 CITY-ST-ZIP	<b>SALT SPRINGS FL 32134</b>	
6.1 TITLE	<b>D ROBERT G YOUNG</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>ROBERT G YOUNG</b>	
6.3 STREET ADDRESS	<b>1705 THOMAS ST</b>	
6.4 CITY-ST-ZIP	<b>TITUSVILLE FL 32780</b>	

**14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.**

SIGNATURE: *Carla T Young* **CARLA T. YOUNG** **7/20/96** **407 383-3551**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)