

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 16 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 709483 (2)
1. Corporation Name
LOS HAVEN ASSOCIATION, INC.



Principal Place of Business 12655 NE 243RD AVE. SALT SPRINGS FL 32134	Mailing Address 1705 THOMAS STREET TITUSVILLE FL 32780 US
---	---

3. Date Incorporated or Qualified 08/20/1965	
4. FEI Number 70-9483522	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent

**YOUNG, CARLA T
1705 THOMAS STREET
TITUSVILLE FL 32780**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 SEC/TREAS** DATE: 2/9/98

(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	TAYLOR, ED	
STREET ADDRESS	24450 NE 127TH STREET	
CITY-ST-ZIP	SALT SPRINGS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LITTLETON, JIMMY	
STREET ADDRESS	12890 NE 243RD TERRACE	
CITY-ST-ZIP	SALT SPRINGS FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	YOUNG, CARLA	
STREET ADDRESS	1705 THOMAS ST.	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAMRON, BOB	
STREET ADDRESS	5130 SAN JUAN AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	O'STEEN, JOEY	
STREET ADDRESS	24305 NE 127TH ST.	
CITY-ST-ZIP	SALT SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YOUNG, ROBERT G	
STREET ADDRESS	1705 THOMAS STREET	
CITY-ST-ZIP	TITUSVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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** 2/9/98 **407383-3551**

CP2E037 (10/97)