


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90197 045 \*\*\*\*61.25

0015162

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 709483**

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
---	--



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/20/1965
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 70-9483522
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
	Country 29	Trust Fund Contribution <input type="checkbox"/>
	Zip 30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
YOUNG, CARLA T 1705 THOMAS STREET TITUSVILLE FL 32780		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 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 4/7/99  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRES. JIMMY LITTLETON <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, ED	1.2 NAME	
STREET ADDRESS	24450 NE 127TH STREET	1.3 STREET ADDRESS	12890 NE 243RD TERRACE
CITY-ST-ZIP	SALT SPRINGS FL	1.4 CITY-ST-ZIP	SALT SPRINGS FL 32134
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	VP. CHARLES DAVID <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LITTLETON, JIMMY	2.2 NAME	
STREET ADDRESS	12890 NE 243RD TERRACE	2.3 STREET ADDRESS	24480 NE 127TH ST
CITY-ST-ZIP	SALT SPRINGS FL	2.4 CITY-ST-ZIP	SALT SPRINGS FL 32134
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	YOUNG, CARLA	3.2 NAME	
STREET ADDRESS	1705 THOMAS ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAMRON, BOB	4.2 NAME	CLYDE COX
STREET ADDRESS	5130 SAN JUAN AVENUE	4.3 STREET ADDRESS	24370 NE HWY 314
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	SALT SPRINGS FL 32134
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	O'STEEN, JOEY	5.2 NAME	
STREET ADDRESS	24305 NE 127TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SALT SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	YOUNG, ROBERT G	6.2 NAME	
STREET ADDRESS	1705 THOMAS STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	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, with all other like empowered.

SIGNATURE: *Carla T Young* CARLA T YOUNG 4/7/99 Date 407 2679532 Daytime Phone #

CR2E037 (11/98)