

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90086 012 ****61.25

DOCUMENT # 709483

1. Entity Name

LOS HAVEN ASSOCIATION, INC.

Principal Place of Business

Mailing Address

12655 NE 243RD AVE.
 SALT SPRINGS FL 32134

1705 THOMAS STREET
 TITUSVILLE FL 32780-6251
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

70-9483522

Applied For

Not Applicable

Zip

Country

Zip

Country

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

YOUNG, CARLA T
1705 THOMAS STREET
TITUSVILLE FL 32780

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **V**
DAVID, CHARLES
 STREET ADDRESS **24480 NE 127TH ST**
 CITY-ST-ZIP **SALT SPRINGS FL 32134**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **P**
LITTLETON, JIMMY
 STREET ADDRESS **12890 NE 243RD TERRACE**
 CITY-ST-ZIP **SALT SPRINGS FL 32134**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **ST**
YOUNG, CARLA
 STREET ADDRESS **1705 THOMAS ST.**
 CITY-ST-ZIP **TITUSVILLE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
COX, CLYDE
 STREET ADDRESS **24370 NE HWY 314**
 CITY-ST-ZIP **SALT SPRINGS FL 32134**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
O'STEEN, JOEY
 STREET ADDRESS **24305 NE 127TH ST.**
 CITY-ST-ZIP **SALT SPRINGS FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
YOUNG, ROBERT G
 STREET ADDRESS **1705 THOMAS STREET**
 CITY-ST-ZIP **TITUSVILLE FL**

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 exemption stated in Section 119.07(3)(i), 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: *Carla T Young* **CARLA T YOUNG** **3/6/00** **321-2679532**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)