

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90057 005 ****61.25

DOCUMENT # 709483

1. Entity 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

709483



DO NOT WRITE IN THIS SPACE

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

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

Carla Young not applicable
 CARLA T YOUNG SEC/TREAS

DATE

1/16/01

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	V	<input type="checkbox"/> Delete
NAME	DAVID, CHARLES	
STREET ADDRESS	24480 NE 127TH ST	
CITY-ST-ZIP	SALT SPRINGS FL 32134	
TITLE	P	<input type="checkbox"/> Delete
NAME	LITTLETON, JIMMY	
STREET ADDRESS	12890 NE 243RD TERRACE	
CITY-ST-ZIP	SALT SPRINGS FL 32134	
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	COX, CLYDE	
STREET ADDRESS	24370 NE HWY 314	
CITY-ST-ZIP	SALT SPRINGS FL 32134	
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	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Young
 CARLA T YOUNG SEC/TREAS

1/16/01

321-2679532

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)