

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90032 035 \*\*\*\*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  
 US

00000010



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

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	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 32780	
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 checked="" type="checkbox"/> Delete
NAME	YOUNG, ROBERT G	
STREET ADDRESS	1705 THOMAS STREET	
CITY-ST-ZIP	TITUSVILLE FL	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIMMY LITTLETON	
STREET ADDRESS	12890 NE 243RD TERRACE	
CITY-ST-ZIP	SALT SPRINGS FL 32134	
TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES ROSS	
STREET ADDRESS	12800 NE 244TH TERRACE	
CITY-ST-ZIP	SALT SPRINGS FL 32134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES DAVID	
STREET ADDRESS	24480 NE 127TH ST	
CITY-ST-ZIP	SALT SPRINGS FL 32134	

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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLA T. YOUNG 3/30/02 321-2679532  
 Date Daytime Phone #

0011237

CR2E037 (9/01)