

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90039 020 \*\*\*\*61.25



<b>DOCUMENT # 709483</b>			
1. Entity Name <b>LOS HAVEN ASSOCIATION, INC.</b>			
Principal Place of Business <b>12655 NE 243RD AVE. SALT SPRINGS FL 32134</b>		Mailing Address <b>1705 THOMAS STREET TITUSVILLE FL 32780 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number <b>70-9483522</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>YOUNG, CARLA T 1705 THOMAS STREET TITUSVILLE FL 32780</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, TIM			NAME	SEILER KASEY		
STREET ADDRESS	12680 NE 243RD AVE.			STREET ADDRESS	24321 NE 127TH ST		
CITY-ST-ZIP	FORT MC COY FL 32134			CITY-ST-ZIP	SALT SPRINGS FL 32134		
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUYNN, RODNEY			NAME			
STREET ADDRESS	24335 NE 127TH ST.			STREET ADDRESS			
CITY-ST-ZIP	SALT SPRINGS FL 32134			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVID, BETTY			NAME			
STREET ADDRESS	24480 NE 127TH ST.			STREET ADDRESS			
CITY-ST-ZIP	SALT SPRINGS FL 32134			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YOUNG, CARLA T			NAME			
STREET ADDRESS	1705 THOMAS ST.			STREET ADDRESS			
CITY-ST-ZIP	TITUSVILLE FL 32780			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OVERLY, HERB			NAME			
STREET ADDRESS	12760 NE 274TH TERR. 244 TH TERR.			STREET ADDRESS			
CITY-ST-ZIP	SALT SPRINGS FL 32134			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DALE, JOHNSON			NAME	JOHNSON, DALE		
STREET ADDRESS	PO BOX 5053-14568 NE 248TH AVE.			STREET ADDRESS	24430 NE HWY 314		
CITY-ST-ZIP	SALT SPRINGS FL 32134			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 **CARLA T YOUNG** 4/7/05 321-2679532

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #