

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709483

FILED
Mar 03, 2006
Secretary of State

Entity Name: LOS HAVEN ASSOCIATION, INC.

Current Principal Place of Business:

12655 NE 243RD AVE.
SALT SPRINGS, FL 32134

New Principal Place of Business:

Current Mailing Address:

1705 THOMAS STREET
TITUSVILLE, FL 32780 US

New Mailing Address:

FEI Number: 70-9483522 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOUNG, CARLA T
1705 THOMAS STREET
TITUSVILLE, FL 32780 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: SEILER, KASEY
Address: 24321 NE 127TH ST
City-St-Zip: SALT SPRINGS, FL 32134

Title: P () Delete
Name: GUYNN, RODNEY
Address: 24335 NE 127TH ST.
City-St-Zip: SALT SPRINGS, FL 32134

Title: S () Delete
Name: DAVID, BETTY
Address: 24480 NE 127TH ST.
City-St-Zip: SALT SPRINGS, FL 32134

Title: T () Delete
Name: YOUNG, CARLA T
Address: 1705 THOMAS ST.
City-St-Zip: TITUSVILLE, FL 32780

Title: D () Delete
Name: OVERLY, HERB
Address: 12760 NE 244TH TERR
City-St-Zip: SALT SPRINGS, FL 32134

Title: D () Delete
Name: DALE, JOHNSON
Address: 24430 NE HWY 314
City-St-Zip: SALT SPRINGS, FL 32134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: LITTLETON, PAM
Address: 24430 NE 128TH PLACE
City-St-Zip: SALT SPRINGS, FL 32134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLA T YOUNG

T

03/03/2006

Electronic Signature of Signing Officer or Director

_____ Date