FILED

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Feb 26, 2003 8:00 am Secretary of State DOCUMENT # 709483 1. Entity Name 02-26-2003 90123 018 ****61.25 LOS HAVEN ASSOCIATION, INC. Principal Place of Business Mailing Address 12655 NE 243RD AVE. 90036733 1705 THOMAS STREET SALT SPRINGS FL 32134 TITUSVILLE FL 32780 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 70-9483522 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YOUNG, CARLA T Street Address (P.O. Box Number is Not Acceptable) 1705 THOMAS STREET TITUSVILLE FL 32780 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete. TITLE ☐ Change Addition NAME LITTLETON, JIMMY NAME 12890 NE 243RD TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIE FORT MC COY FL 32134 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition ROSS, JAMES NAME NAME STREET ADDRESS 12800 NE 244TH TERRACE STREET ADDRESS CITY-ST-ZIP SALT SPRINGS FL-32134 CITY-ST-ZIP ECRETARY ☐ Delete TITLE ☐ Change **X** Addition TY DAVID 180 NE 127TH ST. T SPRINGS FL 32134 YOUNG, CARLA - TREASURER NAME STREET ADDRESS 1705 THOMAS ST. STREET ADDRESS CITY-ST-7IP TITUSVILLE FL CITY-ST-ZIP TITLE Delete TEDDY SEILER 24321 NE 12714 ST TITLE Change Addition COX, CLYDE NAME NAME STREET ADDRESS 24370 NE HWY 314 STREET ADDRESS SALT SPRINGS FL 32134 CITY-ST-ZIP SALT SPRINGS FL 32134 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME O'STEEN, JOEY NAME STREET ADDRESS 24305 NE 127TH ST. STREET ADDRESS CITY-ST-ZIP SALT SPRINGS FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME DAVID, CHARLES NAME STREET ADDRESS 24480 NE 127TH STREET STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

SALT SPRINGS FL 32134