FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 19 AM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 716082 (3)

1. Corporation Name

LAKATO HAVEN IMPROVEMENT ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6502 E ZERO LANE INVERNESS FL 34453 US	6502 E ZERO LANE INVERNESS FL 34453 US

3. Date Incorporated or Qualified: 02/19/1969
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2937991 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: 115 N. Sun Terrace
22: Suite, Apt. #, etc.
23: City & State: Inverness Fl.
24: Zip: 34453
25: Country: Citrus

2a. Mailing Address
26: 115 N. Sun Terrace
27: Suite, Apt. #, etc.
28: City & State: Inverness Fl.
29: Zip: 34453
30: Country: Citrus

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PARR, RUTH
115 N SUN TERR.
INVERNESS FL 32650

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	MCCALLA, VIRGINIA	1.2 NAME		
STREET ADDRESS	6611 E LAHAVEN LN	1.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL	1.4 CITY-ST-ZIP		
TITLE	VP	2.1 TITLE		☐ Change ☐ Addition
NAME	JONES, BEA	2.2 NAME		
STREET ADDRESS	6555 E. LAHAVEN LN	2.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	MINEHELL, INEZ	3.2 NAME		
STREET ADDRESS	6535 LAHAVEN LN	3.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	PARR, RUTH L.	4.2 NAME		
STREET ADDRESS	115 N SUN TERR	4.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	P	☑ Change ☐ Addition
NAME	[redacted]	5.2 NAME	Philip Bailey	
STREET ADDRESS	[redacted]	5.3 STREET ADDRESS	6545 E Lakato Ln.	
CITY-ST-ZIP	[redacted]	5.4 CITY-ST-ZIP	Inverness Fl. 34453	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	DENSMORE, ROBERT	6.2 NAME		
STREET ADDRESS	6565 E. ZERO LN	6.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ruth L Parr Treas. Apr. 15 1995 - 904-726-0752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000014

716082

Directors for Lakato Haven.

D-
Morrow, Robert
6599 E Lakaven Lane
Inverness, FL.

D. Jones, Jim,
6565 E Lakaven Lane
Inverness, FL.