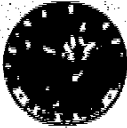


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
---	--

DOCUMENT # 716082 (3) 1. Corporation Name LAKATO HAVEN IMPROVEMENT ASSOCIATION, INC.

**APPROVED
AND
FILED**

95 APR 19 AM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/19/1989	3a. Date of Last Report 04/29/1994
4. FEI Number 59-2937991	Applied For ☐ Not Applicable
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P MCCALLA, VIRGINIA 6811 E LAHAVEN LN INVERNESS FL	1.1 TITLE	☐ Change ☐ Addition
NAME	VP JONES, BEA 6555 E. LAHAVEN LN INVERNESS FL	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	S MINEHELL, INEZ 6535 LAHAVEN LN INVERNESS FL	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	T PARR, RUTH L. 115 N SUN TERR INVERNESS FL	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	D XXXXXXXXXX 6555 E LAHAVEN LN INVERNESS FL	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	D DENSMORE, ROBERT 6565 E, ZERO LN INVERNESS FL	5.1 TITLE	☒ Change ☐ Addition
NAME		5.2 NAME	Philip Bailey
STREET ADDRESS		5.3 STREET ADDRESS	6545 E Lakato Ln.
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Inverness Fl. 34453
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(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, Inc. Apr. 15 1995 - 904-726-0757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr

716082

Directors for La Kato Haven

D-

Morrow, Robert
6599 E Lakaven Lane
Inverness, FL.

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