## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 716082

(3)

LAKATO HAVEN IMPROVEMENT ASSOCIATION, INC.

Principal	Place of	Business

Mailing Address

115 N. SUN TERRACE INVERNESS FL 34453 115 N. SUN TERRACE INVERNESS FL 34453 US



inverness Us	5 FL 34453	INVERNESS FL 34453					
us		US			3. Date Incorporated or Qualified 02/19/1969	3a. Date of Last Report 04/19/1995	
2. Principal	Place of Business N Jun Terraci	2a. Mailing Address	ter	ace	4. FEI Number 59-2937991	Applied For Not Applicable	
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.	•		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta	derness 78.	City & State  28 I y Veyne	~~	70.	Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees	
Zip 24 3 4 N	Country	Zip	Count	y	8. This corporation has liability for in		
24 3 7 4	9. Name and Address of Currer		<u>ام) اند</u>	TINE	Florida Statutes  10. Name and Address of New Re		
	5. Hattle and Address of Conten	it neglatered Agent	8	1 Name	TO. Hallie and Address of New Ac	Misteled Adelic	
0400	NITTI			1100110		ŀ	
PARR,			8	82 Street Address (P.O. Box Number is Not Acceptable)			
115 N SUN TERR.			_				
INVER	NESS FL 32650		8	3		i	
			8	4 City		FL 85 Zip Code	
or regist	tered agent, or both, in the State of Flori	da. Such change was authorized	, the above by the cor	e-named corp rporation's bo	oration submits this statement for the purp pard of directors. I hereby accept the appo	oose of changing its registered office intment as registered agent. I am	
familiar SIGNATURE	with, and accept the obligations of, Sect	ion 617.0503, Florida Statutes.					
	Signature, typed or printed name of registered agent			gent signature requ	ired when reinstating)	DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFI		
TITLE	P	DELETE	1 1 THILE			Change Addition	
NAME	MCCALLA, VIRGINIA		12 NAM	E			
STREET ADDRESS			1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	INVERNESS FL		1.4 CITY	-ST-ZIP			
TITLE	VP	DELETE	2.1 TITLE			☐ Change ☐ Addition	
NAME	JONES, BEA		2 2 NAM	E			
STREET ADDRESS	s 6555 E. LAHAVEN LN		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	INVERNESS FL		2 4 CITY	r-ST-ZIP			
TITLE	S	DELETE	3.1 TITU			Change Addition	
NAME	MINEHELL, INEZ	<del>-</del>	3 2 NAM	E			
STREET ADDRES	AFAF 3 43153 (FALLS)			ET ADDRESS			
CITY-ST-ZIP	INVERNESS FL		1	r-ST-ZIP			
TITLE	T	Γ TDELETE	4.1 TITL			Change Addition	
NAME	PARR, RUTH L.	<del>-</del>	4 2 NAN				
STREET ADDRES	AAE NI OLIN TEOD			EF ADDRESS			
CITY-ST-ZIP	INVERNESS FL			-ST-ZIP			
TITLE	D	DELETE			01	Change   Addition	
NAME	STATE STATE STATE OF		5 2 NAM	. T	Kies Terru		
	AFOR F. LAKARCAN			CET ADDOCCO	6501 8 20 va L	a k e.	
STREET ADORES	S TOOL ET LIVE LIVE			EET ADDRESS			
CITY-ST-ZIP	D	DELETE		-ST-ZIP	Riesterry 1501's zero ho inverses 7	Change Addition	
THILE		Phereis	61 TITLE	· B. (	soletto, Tony	Tal engange Tal Augustion	
NAME	DENOMORE, ROBERT		62 NAM	lt l	bottle sievo hi	rne	
STREET ADDRES	_			EET ADDRESS I		0	
CITY-ST-ZIP	IMAELINE33-LT			-S1-ZIP	threthess 72	34453	
I 14. Edo ber	reby certify that the information supplied	with this filing is voluntarily furnis	ned and do	oes not qualifi	vitor the exemption stated in Section #19.0	07(3)(k) Florida Statutes I further	

I. I do nereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section \$19.07(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:

BIGNATURE XND PPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

apr. 28.199617260757

CR2E037 (12/95)

Derectors for Lakato Haven.

Morrow, Robert 6599 E Fahaven Lone Inverness, 72,

Difones, Jim, 6565 E Fahaven hane Inverness, 72.