2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State
01-26-2005 90016 046 ****61.25

DOCUMENT # 716082

1. Entity Name

LAKATO HAVEN IMPROVEMENT ASSOCIATION, INC.

40007055

1st MOORE CR2E037 (10/04)

Principal Place of Business	Mailing Address
6611 E. LAHAREN LN INVERNESS FL 34453 US	6611 E. LAHAREN LN INVERNESS FL 34453 US

2. Principal Place of Business	3. Mailing Address
6611 E. LAHAVEN LN.	6611 E. LAHAVEN LN.
Suite, Apt. #, etc.	Suite, Apt. #, etc. INVERNESS - FLORIDA
City & State INVERNESS, FLORIDA	City & State
Zip: 34453 Country: CITRUS	Zip: 34453 Country: CITRUS

4. FEI Number 59-2937991 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCCALLA, VIRGINIA 6611 E LAHAVEN LN INVERNESS FL 34453	Name: SAME Street Address (P.O. Box Number is Not Acceptable) City **FL** 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: Virginia Mc Calla (TREAS.) Virginia Mc Calla 1/21/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KLEINTANK, GERALD 6501 E LAHAVEN LN INVERNESS FL 34453	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MARSHALL, WILLIAM 6535 E LAHAVEN LANE INVERNESS FL 34453	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GAUTHIER, SALLY 6565 E ZERO LANE INVERNESS FL 34453	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MC CALLA, VIRGINIA 6611 E LAHAVEN LANE INVERNESS FL 34453	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAIGNEAU, CHARLOTTE 6641 LAKATO LN INVERNESS FL 34453	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DEAN PEERCY 6508 E. ZERO LN INVERNESS, FL. 34453 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCNEAL, JEAN 6630 LAKATO LANE INVERNESS FL 34453	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	HOWARD DITTIMER 6630 E. LAKATO LN. INVERNESS, FL. 34453 ☑ Change ☐ Addition

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.

SIGNATURE: Virginia Mc Calla Virginia Mc Calla 1/21/05 352-344-0968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #