2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 13, 2006 8:00 am **Secretary of State DOCUMENT # 716082** 1. Entity Name 02-13-2006 90020 039 ****61.25 LAKATO HAVEN IMPROVEMENT ASSOCIATION, INC. Principal Place of Business Mailing Address 6611 E. LAHAVEN INVERNESS FL 34453 6611 E. LAHAVEN INVERNESS FL 34453 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 59-2937991 Not Applicable Zip Country 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 MCCALLA, VIRGINIA Street Address (P.O. Box Number is Not Acceptable) 6611 E LAHAVEN LN **INVERNESS FL 34453** City 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. Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State The state of the OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Change ■ Addition ☐ Delete KLEINTANK, GERALD NAME NAME 6501 E LAHAVEN LN STREET ADDRESS STREET ADDRESS **INVERNESS FL 34453** CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE NAME MARSHALL, WILLIAM NAME 6535 E LAHAVEN LANE STREET ADDRESS STREET ADDRESS **INVERNESS FL 34453** CITY-ST-ZIP CITY-ST-ZIP TITLE TA Nelete _ W Change __ _ _ Addition Charlotte Zeibarth 108 N. CATO Terrace GAUTHIER, SALLY NAME MAME 6565 E ZERO LANE STREET ADDRESS STREET ADDRESS CITY-ST-7IP **INVERNESS FL 34453** CITY-ST-ZIP INVEY NESS ☐ Change ☐ Addition ☐ Delete TITLE TITLE MC CALLA, VIRGINIA NAME NAME STREET ADDRESS 6611 E LAHAVEN LANE STREET ADDRESS CITY-ST-ZIP INVERNESS FL 34453 CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition PECRCY, DEAN NAME NAME 6500 E. ZERO LN STREET ADDRESS STREET ADDRESS INVERNESS FL 34453 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE DITTIMER, HOWARD NAME Terry Ries 6501 E.Zero LM. NAME 6630 LAKATO LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP INVERNESS FL 34453 CITY-ST-ZIP NVEYNESS, 7/

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 L. McCalla 2/1/06 352-344-0968