2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 12, 2007 8:00 am Secretary of State **DOCUMENT # 716082** 1. Entity Name 03-12-2007 90091 050 ****61.25 LAKATO HAVEN IMPROVEMENT ASSOCIATION, INC. Principal Place of Business Mailing Address 6611 E. LAHAVEN 6611 E. LAHAVEN **INVERNESS FL 34453 INVERNESS FL 34453** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 66 11 6 Sa Suite, Apl. #, etc Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 5a 59-2937991 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired)k Fee Required >a 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** 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 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ME ☐ Delete TITLE Change ☐ Addition NAME KLEINTANK, GERALD NAME STREET ADDRESS. 6501 E LAHAVEN LN STREET ADDRESS CITY-ST-7IP **INVERNESS FL 34453** CITY-ST-ZIP TIFLE ☐ Delete Change ☐ Addition NAME MARSHALL, WILLIAM NAME STREET ADDRESS 6535 E LAHAVEN LANE STREET ADDRESS CITY-SI-ZIP **INVERNESS FL 34453** CITY-ST-7IP ☐ Delete HILE шц ☐ Change □ Addition NAME ZEIBARTH, CHARLOTTE STREET ADDRESS STREET ADDRESS 108 N CATO TERR CITY-ST-7IP CITY-ST-7IP **INVERNESS FL 34453** ШU ☐ Delete TITLE Change ☐ Addition NAME NAME MC CALLA, VIRGINIA STREET ADDRESS STREET ADDRESS 6611 E LAHAVEN LANE City-S1-7iP CITY - ST - ZIP **INVERNESS FL 34453** шц D ☐ Defete HILE Change Addition PECRCY, DEAN NAME NAME STREET ADDRESS 6500 E. ZERO LN STREET ADDRESS CITY - ST- ZIP **INVERNESS FL 34453** CITY-ST-7IP 11111 Change D Delete TITLE ☐ Addition NAME RIES, TERRY NAME STREET ADDRESS 6501 E ZERO LN STREET ADDRESS CHY-SI-ZIP **INVERNESS FL 34453**

FILED

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.