2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#716082

FILED Jan 30, 2009 Secretary of State

Entity Name: LAKATO HAVEN IMPROVEMENT ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6611 E LAHAVEN LN 6591 EAST ZERO LANE INVERNESS, FL 34453 US INVERNESS, FL 34453 US

Current Mailing Address: New Mailing Address:

6611 E LAHAVEN LN 6591 EAST ZERO LANE INVERNESS, FL 34453 US INVERNESS, FL 34453 US

FEI Number: 59-2937991 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCCALLA, VIRGINIA SOLETTO, ANN
6611 E LAHAVEN LN 6591 EAST ZERO LANE
INVERNESS, FL 34453 US INVERNESS, FL 34453 US

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.

SIGNATURE: ANN SOLETTO 01/30/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: KLEINTANK, GERALD Name: PEERCY, DEAN

 Name:
 Received, Beauty

 Address:
 6501 E LAHAVEN LN
 Address:
 6500 EAST ZERO LANE

 City-St-Zip:
 INVERNESS, FL 34453
 City-St-Zip:
 INVERNESS, FL 34453

Title: VP () Delete Title: VP (X) Change () Addition Name: PEERCY, DEAN Name: EDWARDS, JIMMY R

 Address:
 6500 E ZERO LN
 Address:
 136 NORTH CATO TERRACE

 City-St-Zip:
 INVERNESS, FL 34453
 City-St-Zip:
 INVERNESS, FL 34453

Title: S () Delete Title: () Change () Addition

 Name:
 JONES, BEATRICE
 Name:

 Address:
 6565 E LAHAVEN LN
 Address:

 City-St-Zip:
 INVERNESS, FL 34453
 City-St-Zip:

 Name:
 MC CALLA, VIRGINIA
 Name:
 SOLETTO, ANN

 Address:
 6611 E LAHAVEN LANE
 Address:
 6591 EAST ZERO LANE

 City-St-Zip:
 INVERNESS, FL 34453
 City-St-Zip:
 INVERNESS, FL 34453

 Name:
 BEATY, ROGER
 Name:

 Address:
 135 N CATO TERR
 Address:

 City-St-Zip:
 INVERNESS, FL 34453
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 JIXIDEN, WAYNE
 Name:
 HOWARD, DITTEMER

 Address:
 6600 E. LOHAVEN LN
 Address:
 6590 EAST ZERO LANE

 City-St-Zip:
 INVERNESS, FL 34453
 City-St-Zip:
 INVERNESS, FL 34453

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN SOLETTO T 01/30/2009