

FILE NOW: FILING FEE IS \$61.25

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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90141 032 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 766759

1. Corporation Name
THE HAVEN ASSOCIATION, INC.

Principal Place of Business
 235 SIXTH ST. N.W.
 WINTER HAVEN FL 33881

Mailing Address
 235 SIXTH ST. N.W.
 WINTER HAVEN FL 33881



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	01/28/1983	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	06-1081275	
24	Country	29	Country	Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BECKER, POLIAKOFF & STREITFELD, P.A. 630 S. ORANGE AVE., THIRD FLOOR SARASOTA FL 33578				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANDERSON, ETHEL			1.2 NAME			
STREET ADDRESS	235-6TH ST., N.W. #508			1.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL			1.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PARETT, BYRON R			2.2 NAME			
STREET ADDRESS	235 SIXTH STREET N.E. #601			2.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL 33881			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHWEIKERT, JOANNE			3.2 NAME			
STREET ADDRESS	235 6TH ST. N.W., #605			3.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL			3.4 CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DOWDY, ROY V			4.2 NAME	O'SULLIVAN, PAUL V.		
STREET ADDRESS	235 SIXTH STREET, NW #603			4.3 STREET ADDRESS	235 SIXTH STREET, NW #208		
CITY-ST-ZIP	WINTER HAVEN FL 33881			4.4 CITY-ST-ZIP	WINTER HAVEN FL 33881		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HILL, ELMER			5.2 NAME			
STREET ADDRESS	4818 OAK ACRES DRIVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE WALES FL 33853			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE: Ethel Anderson **SIGNATURE REQUIRED** Treasurer April 5, 1999 941-293-5017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Date Daytime Phone #

0058816

CR2E037 (11/98)