

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709483

Entity Name: LOS HAVEN ASSOCIATION, INC.

Current Principal Place of Business:

12864 NE 243RD TERR
SALT SPRINGS, FL 32134

Current Mailing Address:

24430 NE 128TH PL
SALT SPRINGS, FL 32134 US

FEI Number: 70-9483522

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LITTLETON, PAMELA C.
24430 NE 128TH PL
SALT SPRINGS, FL 32134 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: PAMELA C.LITTLETON

04/26/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, EXECUTIVE SECRETARY
Name LITTLETON, PAMELA C.
Address 24430 NE 128TH PL
City-State-Zip: SALT SPRINGS FL 32134

Title VP
Name MAIER, EMIL
Address 12660 NE 243RD AVE.
City-State-Zip: SALT SPRINGS FL 32134

Title TREASURER
Name BOWMAN, CYNTHIA
Address 12655 NE 243RD AVE
City-State-Zip: SALT SPRINGS FL 32134

Title DIRECTOR
Name LITTLETON, JIMMY
Address 24430 NE 128TH PLACE
City-State-Zip: SALT SPRINGS FL 32134

Title DIRECTOR
Name LIND, JIM
Address 12864 NE 243RD TERR.
City-State-Zip: SALT SPRINGS FL 32134

Title DIRECTOR
Name BOWMAN, TOMMY
Address 12655 NE 243RD AVE
City-State-Zip: SALT SPRINGS FL 32134

Title DIRECTOR
Name ROSS, JIM
Address 12800 NE 244 TERR.
City-State-Zip: SALT SPRINGS FL 32134

Title DIRECTOR
Name COX, RICKY
Address 24498 NE HIGHWAY 314
City-State-Zip: SALT SPRINGS FL 32134

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I hereby 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 all other like empowered.

SIGNATURE: PAMELA C. LITTLETON

PRESIDENT/SECRETARY 04/26/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MAIER , MAMIE
Address 12660 NE 243RD AVE.
City-State-Zip: SALT SPRINGS FL 32134

Title DIRECTOR
Name DEWITT, MARK
Address 24465 NE 127TH ST.
City-State-Zip: SALT SPRINGS FL 32134