

**2020 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:**

24335 NE 127TH ST.  
SALT SPRINGS, FL 32134 US

**FEI Number:** 70-9483522

**Certificate of Status Desired:** No

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

ROPPEL, CHRISTINE S/T  
24335 NE 127TH ST.  
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:** CHRISTINE ROPPEL

06/15/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LITTLETON, PAM  
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            S/T  
Name            ROPPEL, CHRISTINE A.  
Address        24335 NE 127TH ST.  
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            SUDDARD, TIM  
Address        12830 NE 243RD TERR.  
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:** CHRISTINE ROPPEL

S/T

06/15/2020

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