

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716082

Entity Name: LAKATO HAVEN IMPROVEMENT ASSOCIATION, INC.**Current Principal Place of Business:**6601 E LAKATO LANE
INVERNESS, FL 34453**Current Mailing Address:**6601 E LAKATO LANE
INVERNESS, FL 34453 US**FEI Number:** 59-2937991**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NEWTON, SHARON L
6601 E LAKATO LANE
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:** SHARON L NEWTON

03/14/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	KLEINTANK, JERRY
Address	6501 E LAHAVEN LN.
City-State-Zip:	INVERNESS FL 34453

Title	VP
Name	SISSON, CHARLES
Address	6535 E LAHAVEN LN.
City-State-Zip:	INVERNESS FL 34453

Title	SECRETARY
Name	SISSON, BARBARA
Address	6535 E. LAHAVEN LANE
City-State-Zip:	INVERNESS FL 34453

Title	TREASURER
Name	NEWTON, SHARON LOUISE
Address	6601 EAST LAKATO LANE
City-State-Zip:	INVERNESS FL 34453

Title	D
Name	MCCALLA, MICHAEL
Address	6601 EAST LAHAVEN LANE
City-State-Zip:	INVERNESS FL 34453

Title	D
Name	HOWARD, DITTEMER
Address	6590 EAST ZERO LANE
City-State-Zip:	INVERNESS FL 34453

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: SHARON NEWTON

TREASURER

03/14/2016

Electronic Signature of Signing Officer/Director Detail

Date