

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766759

Entity Name: THE HAVEN ASSOCIATION, INC.**Current Principal Place of Business:**8390 CHAMPIONS GATE BLVD. #304
CHAMPIONS GATE, FL 33896**Current Mailing Address:**8390 CHAMPIONS GATE BLVD. #304
CHAMPIONS GATE, FL 33896**FEI Number:** 06-1081275**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AEGIS COMMUNITY MGMT SOLUTIONS, INC.
8390 CHAMPIONS GATE BLVD
304
CHAMPIONS GATE, FL 33896 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	ANDERSON, JOLEENE
Address	8390 CHAMPIONS GATE BLVD. #304
City-State-Zip:	CHAMPIONS GATE FL 33896

Title	T
Name	SCHAAL, MARY
Address	8390 CHAMPIONS GATE BLVD
City-State-Zip:	CHAMPIONS GATE FL 33896

Title	P
Name	WILSON, KERRY
Address	8390 CHAMPIONS GATE BLVD. #304
City-State-Zip:	CHAMPIONS GATE FL 33896

Title	SECRETARY
Name	GERNERT, BOB
Address	8390 CHAMPIONS GATE BLVD. #304
City-State-Zip:	CHAMPIONS GATE FL 33896

Title	VP
Name	REYNOLDS, CHARLES
Address	8390 CHAMPIONS GATE BLVD. #304
City-State-Zip:	CHAMPIONS GATE FL 33896

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: KERRY WILSON

PRESIDENT

04/20/2017

Electronic Signature of Signing Officer/Director Detail_____
Date