

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90024 037 \*\*\*\*61.25

**DOCUMENT # 701494**

1. Entity Name

FLORIDAHAVEN ASSOCIATION, INC.



Principal Place of Business

270 LAKE SEMINARY CIRCLE  
MAITLAND FL 32751  
US

Mailing Address

270 LAKE SEMINARY CIRCLE  
MAITLAND FL 32751  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3634013

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLUGGISH, IRIS  
270 LAKE SEMINARY CIRCLE  
MAITLAND FL 32751

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	CLUGGISH, IRIS	
STREET ADDRESS	270 LAKE SEMINARY CIRCLE	
CITY-ST-ZIP	MAITLAND FL 32751	

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ATKINS, BRENDA	
STREET ADDRESS	210 LAKE SEMINARY CIRCLE	
CITY-ST-ZIP	MAITLAND FL 32751	

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SHARPSTEIN, ROB	
STREET ADDRESS	310 LAKE SEMINARY CIRCLE	
CITY-ST-ZIP	MAITLAND FL 32751	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, WES	
STREET ADDRESS	295 LAKE SEMINARY CIRCLE	
CITY-ST-ZIP	MAITLAND FL 32751	

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SCRIBNER, CATHY	
STREET ADDRESS	355 LAKE SEMINOLE CIRCLE	
CITY-ST-ZIP	MAITLAND FL 32751	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Castille, Lloyd	
STREET ADDRESS	250 Lake Seminary Circle	
CITY-ST-ZIP	Maitland FL 32751	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harrison, Michael	
STREET ADDRESS	360 Lake Seminary Circle	
CITY-ST-ZIP	Maitland FL 32751	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sharpstein, Rob	
STREET ADDRESS	310 Lake Seminary Circle	
CITY-ST-ZIP	Maitland FL 32751	

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hennessy, Grace	
STREET ADDRESS	275 Lake Seminary Circle	
CITY-ST-ZIP	Mairland FL 32751	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Iris Cluggish* Iris Cluggish, 270 Lake Seminary Circle, Maitland, FL 32751