2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# 701494

Entity Name: FLORIDAHAVEN ASSOCIATION, INC.

Current Principal Place of Business:

270 LAKE SEMINARY CIRCLE
MAITLAND, FL 32751 US

New Principal Place of Business:

Current Mailing Address:

270 LAKE SEMINARY CIRCLE
MAITLAND, FL 32751 US

New Mailing Address:

FEI Number: 59-3634013 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLUGGISH, IRIS
270 LAKE SEMINARY CIRCLE
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: CLUGGISH, IRIS
Address: 270 LAKE SEMINARY CIRCLE
City-St-Zip: MAITLAND, FL 32751

Title: VD ( ) Delete
Name: ESTEBAN, RON
Address: 255 LAKE SEMINARY CIRCLE
City-St-Zip: MAITLAND, FL 32751

Title: PD ( ) Delete
Name: CASLOW, BRIAN
Address: 220 LAKE SEMIARY CIRCLE
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete
Name: SHARPSTEIN, ROB
Address: 310 LAKE SEMINARY CIRCLE
City-St-Zip: MAITLAND, FL 32751

Title: SD ( ) Delete
Name: SIMMONS, MARYANN
Address: 147 ROOSEVELT PLACE
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: IRIS CLUGGISH TD 01/07/2009

Electronic Signature of Signing Officer or Director — Date