2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# 748161

Entity Name: LOCH HAVEN HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1101 LANCER LANE
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

1101 LANCER LANE
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: 59-2831648 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, LAUREL
1021 BEAVER DR
TARPON SPRINGS, FL 34689 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: DP ( ) Delete
Name: MCCLEARY, RICHARD
Address: 1017 BEAVER DR.
City-St-Zip: TARPON SPRINGS, FL 34689

Title: DS ( ) Delete
Name: CORNELIUS, GERALDINE
Address: 1105 BEAVER DR.
City-St-Zip: TARPON SPRINGS, FL 34689

Title: DT ( ) Delete
Name: WILSON, LAUREL
Address: 1021 BEAVER DR.
City-St-Zip: TARPON SPRINGS, FL 34689

Title: DT ( ) Delete
Name: BRYANT, JO ELLEN
Address: 1127 LANCER LANE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: V ( ) Delete
Name: WILSON, JIM
Address: 1021 BEAVER DR.
City-St-Zip: TARPON SPRINGS, FL 34689

Title: T ( ) Delete
Name: MOON, ART
Address: 1121 LANCER LANE
City-St-Zip: TARPON SPRINGS, FL 34689

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:

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: LAUREL WILSON DT 04/30/2007

Electronic Signature of Signing Officer or Director — Date