

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758724

FILED
Jan 08, 2007
Secretary of State

Entity Name: HAVEN PLACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

501 AVENUE B NW
WINTER HAVEN, FL 33881 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 664
WINTER HAVEN, FL 338820664 US

New Mailing Address:

FEI Number: 59-2877102

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COSTELLO, DANIEL J
501 AVENUE B NW
WINTER HAVEN, FL 33881 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: DST () Delete
Name: CONNER, CHERYL
Address: 503 AVENUE B, NW
City-St-Zip: WINTER HAVEN, FL

Title: D () Delete
Name: WOOD, RONALI
Address: P.O. BOX 32
City-St-Zip: WINTER HAVEN, FL 33882

Title: PD () Delete
Name: COSTELLO, DAN
Address: 501 AVENUE B, NW
City-St-Zip: WINTER HAVEN, FL 33881

Title: VPD (X) Delete
Name: LISA, RATH
Address: P.O. BOX 9538
City-St-Zip: WINTER HAVEN, FL 33883

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVP (X) Change () Addition
Name: PORTER, MARYELLEN
Address: 2068 KATIE COURT
City-St-Zip: WINTER HAVEN, FL 33884

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 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: DANIEL J. COSTELLO

DP

01/08/2007

Electronic Signature of Signing Officer or Director

Date