

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758724

FILED
Mar 07, 2008
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:

503 AVENUE B NW
WINTER HAVEN, FL 33881 US

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:

CONNOR, CHERYL J
503 AVENUE B NW
WINTER HAVEN, FL 33881 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: CHERYL CONNOR

03/07/2008

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DVP (X) Change () Addition
Name: COSTELLO, DAN
Address: 501 AVENUE B, NW
City-St-Zip: WINTER HAVEN, FL 33881

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: DANIEL COSTELLO

DR.

03/07/2008

Electronic Signature of Signing Officer or Director

Date