

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760002

FILED
Feb 05, 2008
Secretary of State

Entity Name: LAKE HAVEN ESTATES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

11075 SCHAEFER LN.
LAKE WALES, FL 33853

New Principal Place of Business:

Current Mailing Address:

11075 SCHAEFER LN.
LAKE WALES, FL 33898

New Mailing Address:

FEI Number: 59-2515722

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANDAROM, VANDY
11075 SCHAEFER LN.
LAKE WALES, FL 33898 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: VP () Delete
Name: DARARATSAMY, THIP
Address: 10710 SCHAEFER LANE
City-St-Zip: LAKE WALES, FL 33898

Title: D () Delete
Name: WENST, ROBERT
Address: 11228 SCHAEFER LANE
City-St-Zip: LAKE WALES, FL 33898

Title: TD () Delete
Name: LANDAROM, VANDY
Address: 11075 SCHAEFER LANE
City-St-Zip: LAKE WALES, FL 33898

Title: PD () Delete
Name: WALRATH, JAMES O
Address: 10819 SCHAEFER LANE
City-St-Zip: LAKE WALES, FL 33898

Title: S () Delete
Name: SOUTHAMMAVONG, MALAI I
Address: 11024 SCHAEFER LANE
City-St-Zip: LAKE WALES, FL 33898

Title: D () Delete
Name: LAKE, HENRY
Address: 11278 SCHAEFER LANE
City-St-Zip: LAKE WALES, FL 33898

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: MALAI SOUTHAMMAVONG

SEC

02/05/2008

Electronic Signature of Signing Officer or Director

Date