

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 760002

**FILED**  
**May 06, 2010**  
**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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

LANDAROM, VANDY  
11075 SCHAEFER LN.  
LAKE WALES, FL 33898      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** VP  
**Name:** GATES, CHARLES  
**Address:** 10611 SCHAEFER LANE  
**City-St-Zip:** LAKE WALES, FL 33898

**Title:** D  
**Name:** KETAVONG, METTA  
**Address:** 10577 SCHAEFER LANE  
**City-St-Zip:** LAKE WALES, FL 33898

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

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

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

**Title:** D  
**Name:** SHEPPARD, JIM  
**Address:** 10824 SCHAEFER LANE  
**City-St-Zip:** LAKE WALES, FL 33898

I hereby 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 all other like empowered.

SIGNATURE: VANDY LANDAROM

TD

05/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date