

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760493

Entity Name: SUN HAVEN, INC.

FILED  
Apr 30, 2008  
Secretary of State

## Current Principal Place of Business:

1127 SOUTH FEDERAL HWY  
LAKE WORTH, FL 33460

## New Principal Place of Business:

## Current Mailing Address:

5112 ARBOR GLEN CIRCLE  
LAKE WORTH, FL 33463 US

## New Mailing Address:

FEI Number: 59-2197735

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ATLANTIC FULCRUM, INC.  
5112 ARBOR GLEN CIR  
LAKE WORTH, FL 33463 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: PD ( ) Delete  
Name: KOSKINEN, SIRKKA  
Address: 1127 S FEDERAL HWY 102  
City-St-Zip: LAKE WORTH, FL 33460

Title: D ( ) Delete  
Name: BELLUSCI, ROSANNA  
Address: 1127 S FEDRERAL HWY 203  
City-St-Zip: LAKE WORTH, FL 33460

Title: D ( ) Delete  
Name: GOLD, WILLIAM  
Address: 1127 S FEDERAL HWY 103  
City-St-Zip: LAKE WORTH, FL 33460

Title: D (X) Delete  
Name: REID, MARK  
Address: 1127 S FEDERAL HWY 104  
City-St-Zip: LAKE WORTH, FL 33460

Title: D (X) Delete  
Name: NYHOLM, HANS  
Address: 1127 S FEDERAL HWY 201  
City-St-Zip: LAKE WORTH, FL 33460

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: KOSKINEN, SIRKKA  
Address: 1127 S FEDERAL HWY 102  
City-St-Zip: LAKE WORTH, FL 33460 US

Title: D (X) Change ( ) Addition  
Name: NYHOLM, HANS  
Address: 1127 S FEDERAL HWY 201  
City-St-Zip: LAKE WORTH, FL 33460 US

Title: D (X) Change ( ) Addition  
Name: GOLD, WILLIAM  
Address: 1127 S FEDERAL HWY 103  
City-St-Zip: LAKE WORTH, FL 33460 US

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: SIRKKA KOSKINEN

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date