

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90469 025 ****61.25

DOCUMENT # 766759

1. Entity Name
THE HAVEN ASSOCIATION, INC.



Principal Place of Business
**235 SIXTH ST. N.W.
WINTER HAVEN, FL 33881**

Mailing Address
**235 SIXTH ST. N.W.
WINTER HAVEN, FL 33881**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04162006 Chg-NP CR2E037 (11/05)

4. FEI Number
06-1081275

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BECKER, POLIAKOFF & STREITFELD, P.A.
630 S. ORANGE AVE., THIRD FLOOR
SARASOTA, FL 33578**

7. Name and Address of New Registered Agent

Name **Mary Schaal**

Street Address (P.O. Box Number is Not Acceptable)
235 6th st NW Unit 604

Winter Haven

City

FL Zip Code
33881

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Mary Schaal** **Mary Schaal**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-06

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **PARETT, BYRON R**
STREET ADDRESS **235 SIXTH STREET N.E. #601**
CITY-ST-ZIP **WINTER PARK, FL 33881**

TITLE **T** ☒ Delete
NAME **SCHWEIKERT, JOANNE**
STREET ADDRESS **235 6TH ST. N.W., #605**
CITY-ST-ZIP **WINTER HAVEN, FL 33881**

TITLE **S** ☒ Delete
NAME **ROBERT, BEESON**
STREET ADDRESS **235 6TH ST NW #604**
CITY-ST-ZIP **WINTER HAVEN, FL 33881**

TITLE **VP** ☒ Delete
NAME **CONNER, JIM**
STREET ADDRESS **235 6TH ST NW #307**
CITY-ST-ZIP **WINTER HAVEN, FL 33881**

TITLE **D** ☒ Delete
NAME **SHILLEY, BILLIE**
STREET ADDRESS **235 6TH STREET NW, #208**
CITY-ST-ZIP **WINTER HAVEN, FL 33881**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P.D** ☐ Change ☒ Addition
NAME **Dale Schaal**
STREET ADDRESS **235 6th st NW unit 604**
CITY-ST-ZIP **Winter Haven, FL 33881**

TITLE **S.D** ☐ Change ☒ Addition
NAME **Donna Stone**
STREET ADDRESS **235 6th st NW unit 403**
CITY-ST-ZIP **Winter Haven, FL 33881**

TITLE **T.D** ☐ Change ☒ Addition
NAME **Timothy Schaal**
STREET ADDRESS **235 6th st NW unit 505**
CITY-ST-ZIP **Winter Haven, FL 33881**

TITLE **V.P.D** ☐ Change ☒ Addition
NAME **Cynthia Jantomaso**
STREET ADDRESS **235 6th st NW unit 607**
CITY-ST-ZIP **Winter Haven, FL 33881**

TITLE **D** ☐ Change ☒ Addition
NAME **Mark Esdinsky**
STREET ADDRESS **235 6th st NW unit 205**
CITY-ST-ZIP **Winter Haven, FL 33881**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Dale Schaal** **Dale Schaal, Pres.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-06

Date

Daytime Phone #