2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766759

FILED Mar 08, 2009 Secretary of State

Entity Name: THE HAVEN ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business	ss:
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235 SIXTH ST. N.W.

WINTER HAVEN, FL 33881

Current Mailing Address: New Mailing Address:

235 SIXTH ST. N.W. WINTER HAVEN, FL 33881

FEI Number: 06-1081275 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SCHAAL, MARY 235 6TH ST NW UNIT 604 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete SCHAAL, DALE HEATHMAN, LAYNE Name: Name: 235 6THST NW UNIT 604 Address: 235 6THST NW UNIT 606 Address: City-St-Zip: WINTER HAVEN, FL 33881 City-St-Zip: WINTER HAVEN, FL 33881

Title: SD () Delete Title: () Change () Addition

ANDERSON, JOLEEN Name: Name: Address: 235 6TH ST. N.W. UNIT 308 Address: City-St-Zip: WINTER HAVEN, FL 33881 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

SCHAAL, MARY Name: SCHAAL, MARY Name:

235 6TH ST NW UNIT 505 235 6TH ST NW UNIT 604 Address: Address: City-St-Zip: WINTER HAVEN, FL 33881 City-St-Zip: WINTER HAVEN, FL 33881

Title: VPD (X) Delete Title: () Change () Addition

JANTOMASO, CYNTHIA Name: Name: 235 6TH ST NW UNIT 607 Address: Address: City-St-Zip: WINTER HAVEN, FL 33881 City-St-Zip:

Title: () Delete Title: () Change () Addition

WILSON, KERRY M Name: Name: 1906 18TH ST NW Address: Address: WINTER HAVEN, FL 33881 City-St-Zip: 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: MARY SCHAAL **TREA** 03/08/2009