





2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90015 003 ****61.25

DOCUMENT # N02997 1. Entity Name LAKE HAVEN ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 5400 HUCKLEBERRY LAKE DR SEBRING, FL 33871-3444 US			Mailing Address PO BOX 7183 SEBRING, FL 33872-0104 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NOT APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MUIR, NIEL V 5312 ERIE DRIVE SEBRING, FL 33875				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRAUTMAN, BOB 4208 VIRGINIA AVE SEBRING, FL 33875	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NIEL MUIR 5312 ERIE DR. SEBRING, FL 33875	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GLEN, HAWKINS 4518 HALL AVE SEBRING, FL 33875	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DONALD M. VINEYARD 1605 DOZIER AVE SEBRING FL 33875	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SALDARINI, LUCY 3737 SUNBIRD LANE SEBRING, FL 33875	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SALLIE SPARLING 5308 LAFAYETTE AVE SEBRING, FL 33875	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MUIR, NIEL V 5312 ERIE DRIVE SEBRING, FL 33875	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	R RONALD SMART 2906 MEDINA WAY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VINEYARD, DONALD 1605 13TH AVE SEBRING, FL 33875	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	R RONALD SMART 4925 GARLAND AVE SEBRING FL 33875	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PLYE, GENE 5253 N HUCKLEBERRY LAKE DRIVE SEBRING, FL 33875	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	R RICHARD ARABINKO 5508 LAFAYETTE AVE SEBRING FL 33875	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  863 1/5/05 471-6191					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02997 1. Entity Name LAKE HAVEN ESTATES HOMEOWNERS ASSOCIATION, INC.						<h2 style="margin: 0;">ATTACHMENT</h2> <h1 style="font-family: cursive; margin: 0;">20000448</h1>	
Principal Place of Business 5400 HUCKLEBERRY LAKE DR SEBRING, FL 33871-3444 US				Mailing Address PO BOX 7183 SEBRING, FL 33872-0104 US			
2. Principal Place of Business		3. Mailing Address		01052005 Chg-NP CR2E037 (10/03)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
4. FEI Number NOT APPLICABLE				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MUIR, NIEL V 5312 ERIE DRIVE SEBRING, FL 33875				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	Delete	TITLE	VP	Change	Addition	
NAME	TRAUTMAN, BOB		NAME	DAVID HELBIG		<input checked="" type="checkbox"/>	
STREET ADDRESS	4208 VIRGINIA AVE		STREET ADDRESS	313 MAC LANE			
CITY-ST-ZIP	SEBRING, FL 33875		CITY-ST-ZIP	SEBRING, FL 33875			
TITLE	V	Delete	TITLE	BD	Change	Addition	
NAME	GLEN, HAWKINS		NAME	DAVID HOLLIS		<input checked="" type="checkbox"/>	
STREET ADDRESS	4518 HALL AVE		STREET ADDRESS	4301 LAKEHAVEN BLVD			
CITY-ST-ZIP	SEBRING, FL 33875		CITY-ST-ZIP	SEBRING FL 33875			
TITLE	S	Delete	TITLE	BD	Change	Addition	
NAME	SALDARINI, LUCY		NAME	ROBBIE JOHNSON		<input checked="" type="checkbox"/>	
STREET ADDRESS	3737 SUNBIRD LANE		STREET ADDRESS	4247 HIGSON AVE			
CITY-ST-ZIP	SEBRING, FL 33875		CITY-ST-ZIP	SEBRING FL 33875			
TITLE	T	Delete	TITLE	BD	Change	Addition	
NAME	MUIR, NIEL V		NAME	HAZEL MADDOX		<input checked="" type="checkbox"/>	
STREET ADDRESS	5312 ERIE DRIVE		STREET ADDRESS	4627 LAFAYETTE BLVD			
CITY-ST-ZIP	SEBRING, FL 33875		CITY-ST-ZIP	SEBRING FL 33875			
TITLE	D	Delete	TITLE	BD	Change	Addition	
NAME	VINEYARD, DONALD		NAME	GENE PYLE		<input checked="" type="checkbox"/>	
STREET ADDRESS	1605 13TH AVE		STREET ADDRESS	5253 N. HUCKLEBERRY LAKE DR.			
CITY-ST-ZIP	SEBRING, FL 33875		CITY-ST-ZIP	SEBRING, FL 33875			
TITLE	P	Delete	TITLE		Change	Addition	
NAME	PYLE, GENE		NAME				
STREET ADDRESS	5253 N. HUCKLEBERRY LAKE DRIVE		STREET ADDRESS				
CITY-ST-ZIP	SEBRING, FL 33875		CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							
						Date	Daytime Phone #