

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90053 004 ****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
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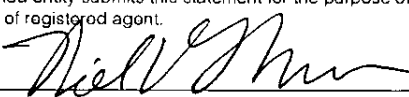


2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number NO-T APPLICABLE		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$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.

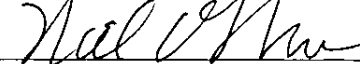
SIGNATURE  DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MUIR, NIEL 5312 ERIE DR SEBRING FL 33875 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Robert Trautman 4208 SEAWOOD AVE SEBRING FL 33875 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T VINEYARD, DONALD M 1605 DOZIER AVE SEBRING FL 33875 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Loretta Bailey 411 Sportsman Ave SEBRING FL 33875 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S JOHNSON, ROBBIE 4247 HIGSON AVE SEBRING FL 33875 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Jennifer Burnside 1209 GARLAND AVE SEBRING FL 33875 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMART, RONALD 4425 GARLAND AVE SEBRING FL 33875 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Bill Foster 5324 N. Huckleberry Lake Dr SEBRING FL 33875 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARABINKO, RICHARD 5508 LAFAYETTE AVE SEBRING FL 33875 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Gene Pyle 5253 N. Huckleberry Lake Drive SEBRING FL 33875 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HELBIG, DAVID 313 MAC LANE SEBRING FL 33875 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Thomas Whitelaw 211 S. Huckleberry Drive SEBRING FL 33875 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **NIEL V. MUIR President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date