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	Mailing Address
5400 HUCKLEBERRY LAKE DR SEBRING FL 33871-3444 US	PO BOX 7183 SEBRING FL 33872-0104 US

1st MOORE CR2E037 (10/06)

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

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

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

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 5326 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. Huckle Berry Dride 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 NIEL V. MUIR President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #