2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# N02997

Entity Name: LAKE HAVEN ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5400 HUCKLEBERRY LAKE DR
SEBRING, FL 338713444 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 7183
SEBRING, FL 338720104 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MUIR, NIEL V
5312 ERIE DRIVE
SEBRING, FL 33875 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	MUIR, NIEL	
Address:	5312 ERIE DR	
City-St-Zip:	SEBRING, FL 33875	
Title:	T	( ) Delete
Name:	VINEYARD, DONALD M	
Address:	1605 DOZIER AVE	
City-St-Zip:	SEBRING, FL 33875	
Title:	S	( ) Delete
Name:	JOHNSON, ROBBIE	
Address:	4247 HIGSON AVE	
City-St-Zip:	SEBRING, FL 33875	
Title:	D	( ) Delete
Name:	FOOTER, BILL	
Address:	5326 N. HUCKLE BERRY LAKE DR.	
City-St-Zip:	SEBRING, FL 33875	
Title:	D	( ) Delete
Name:	PYLE, GENE	
Address:	5253 N. HUCKLEBERRY LAKE DR.	
City-St-Zip:	SEBRING, FL 33875	
Title:	D	( ) Delete
Name:	BAILEY, LORETTA	
Address:	411 SPORTSMAN AVE	
City-St-Zip:	SEBRING, FL 33875	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	JOHNSON, ROBBIE	
Address:	4247 HIGSON AVE	
City-St-Zip:	SEBRING, FL 33875	
Title:	D	(X) Change ( ) Addition
Name:	FOSTER, BILL	
Address:	5326 N. HUCKLE BERRY LAKE DR.	
City-St-Zip:	SEBRING, FL 33875	
Title:	S	(X) Change ( ) Addition
Name:	PYLE, GENE	
Address:	5253 N. HUCKLEBERRY LAKE DR.	
City-St-Zip:	SEBRING, FL 33875	
Title:		( ) Change ( ) Addition
Name:		
Address:		
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: NIEL V. MUIR P 01/08/2009

Electronic Signature of Signing Officer or Director — Date