

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003639

FILED
Mar 24, 2008
Secretary of State

Entity Name: PARK HAVEN HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

802 WETSTONE PLACE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

802 WETSTONE PLACE
SANFORD, FL 32771

New Mailing Address:

FEI Number: 20-8844016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICKSON, RUSSELL K JR
20 N ORANGE AVE STE 1500
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

ANDREYEV, NICOLAS E
802 WETSTONE PLACE
SANFORD, FL 32771 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: NICOLAS E ANDREYEV

03/24/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: JONES, RAYMOND W
Address: 7210 LKAKE DRIVE
City-St-Zip: SANFORD, FL 32771

Title: DPT () Delete
Name: AQNDREYEV, NICOLAS
Address: 802 WETSTONE PLACE
City-St-Zip: SANFORD, FL 32771

Title: DV () Delete
Name: JONES, RAYMOND C
Address: 350 CHINOOK CIRCLE
City-St-Zip: SANFORD, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: JONES, RAYMOND W
Address: 7210 LAKE DRIVE
City-St-Zip: SANFORD, FL 32771

Title: DPT (X) Change () Addition
Name: ANDREYEV, NICOLAS
Address: 802 WETSTONE PLACE
City-St-Zip: SANFORD, FL 32771

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: NICOLAS E ANDREYEV

RA

03/24/2008

Electronic Signature of Signing Officer or Director

Date