

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000004163

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** COMMUNITY ASSOCIATION FOR NORTH HAVEN, INC.

**Current Principal Place of Business:**

2708 HWY 77  
PANAMA CITY, FL 32405

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 961  
LYNN HAVEN, FL 32444

**New Mailing Address:**

**FEI Number:** 26-3820190

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CALHOUN, D. PAUL  
2708 HWY 77  
PANAMA CITY, FL 32405 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:** D  
**Name:** CALHOUN, DARRELL P  
**Address:** P.O. BOX 961  
**City-St-Zip:** LYNN HAVEN, FL 32444

**Title:** DP  
**Name:** SUBLETTE, JOE S  
**Address:** P.O. BOX 219  
**City-St-Zip:** SUMTER, SC 29151

**Title:** DST  
**Name:** CALHOUN, D. PAUL  
**Address:** 1800 MASSACHUSETTS AVE.  
**City-St-Zip:** LYNN HAVEN, FL 32444

I hereby 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 all other like empowered.

**SIGNATURE:** D. PAUL CALHOUN

DST

04/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date