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11 APR 11 PM 3:05
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

✓ 04/12/11

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Lake Haven Villas Homeowners' Association, Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Pamela T. Karlson, P.A.
Name (Printed or typed)

301 Dal Hall Blvd
Address

Lake Placid, FL 33852
City, State & Zip

863-465-5033
Daytime Telephone number

info@karlsonlaw.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Lake Haven Villas Homeowners' Association, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
4536 Lafayette Avenue
Sebring, FL 33875

Mailing address, if different is:
4602 Lafayette Avenue
Sebring, FL 33875

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide for maintenance, preservation and architectural control of the residential lots and common areas; promote the health, safety and welfare of the residents within the jurisdiction of this Association

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

Members to vote at annual meeting for Directors to serve a one year term.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Betty McMichael, President</u>	Name and Title: _____
Address: <u>4524 Lafayette Avenue</u>	Address: _____
<u>Sebring, FL 33875</u>	_____

Name and Title: <u>Mary Ryan, Vice President</u>	Name and Title: _____
Address: <u>4536 Lafayette Avenue</u>	Address: _____
<u>Sebring, FL 33875</u>	_____

Name and Title: <u>Katherine Hughes, Secretary/Treasurer</u>	Name and Title: _____
Address: <u>4602 Lafayette Avenue</u>	Address: _____
<u>Sebring, FL 33875</u>	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Pamela T. Karlson, P.A.
Address: 301 Dal Hall Blvd
Lake Placid, FL 33852

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mary Ryan
Address: 4536 Lafayette Avenue
Sebring, FL 33875

RECEIVED
11 APR 11 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Pamela T Karlson
Required Signature of Registered Agent

4/5/11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]
Required Signature of Incorporator

04/04/2011
Date