

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90043 039 \*\*\*\*80.00

**DOCUMENT # N47482**

1. Entity Name  
**FAIRHAVEN SOUTH, INC.**



Principal Place of Business  
**751 W CAREY LANE  
AVON PARK, FL 33825 US**

Mailing Address  
**1042 N BRAINERD AVE.  
AVON PARK, FL 33825 US**



02012007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0339453**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CRIST, LELAND  
683 WESLEY CIRCLE  
AVON PARK, FL 33825**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LUCE, BURT  
2408 SUNRISE KEY BLVD  
FT LAUDERDALE, FL 33304**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
PEED, BOBBY R  
600 PINE AVENUE  
BUTLER, GA 31006**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
HARRIMAN, HUBERT  
808 W. 4TH STREET  
MARION, IN 46952**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DC  
TRUEX, E. MELVIN  
179 SKYLINE DR.  
LANCASTER, OH 43130**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
MCCOLLUM, SHELLEY  
3783 STATE ROAD 18 EAST  
MARION, IN 46952**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
LINDVALL, BRENT  
3783 STATE ROAD 18 EAST  
MARION, IN 46952**

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**863-453-8444**