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Mar 19 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005285 (0)

1. Corporation Name

LAKE HAVEN HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1 HARGROVE GRADE
PALM COAST FL 32137

1 HARGROVE GRADE
PALM COAST FL 32137-5113

3. Date Incorporated or Qualified
11/07/1995

3a. Date of Last Report
04/02/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-3362795

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

B&S CORPORATE SERVICES OF CENTRAL FL, INC.
390 NORTH ORANGE AVENUE
SUITE 1100
ORLANDO FL 32801

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME HULME, MICHAEL E
STREET ADDRESS ONE HARGROVE GRADE
CITY - ST - ZIP PALM COAST FL 32137

TITLE PD ☐ DELETE

NAME GINN, EDWARD R III
STREET ADDRESS ONE HARGROVE GRADE
CITY - ST - ZIP PALM COAST FL 32137

TITLE D ☐ DELETE

NAME DEVORE, ROBERT D
STREET ADDRESS ONE HARGROVE GRADE
CITY - ST - ZIP PALM COAST FL 32137

TITLE V ☐ DELETE

NAME LEVY, JOSE
STREET ADDRESS ONE HARGROVE GRADE
CITY - ST - ZIP PALM COAST FL 32137

TITLE S ☐ DELETE

NAME BEAM, WILLIAM
STREET ADDRESS ONE HARGROVE GRADE
CITY - ST - ZIP PALM COAST FL 32137

TITLE T ☐ DELETE

NAME ROCKETT, STUART C
STREET ADDRESS ONE HARGROVE GRADE
CITY - ST - ZIP PALM COAST FL 32137

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 0002918

CR2E037 (9/96)