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May 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N95000005865

1. Corporation Name
LAKE HAVEN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1 Hargrove Grade	1 Hargrove Grade
Palm Coast, FL 32137	Palm Coast, FL 32137

3. Date Incorporated or Qualified: 11/07/1995
3a. Date of Last Report: 4/1/1997

2. Principal Place of Business	2a. Mailing Address
21 3 Waterside Parkway	26 P.O. Box 354443
Suite, Apt. # etc: 22 Palm Coast, FL	Suite, Apt. # etc: 27 Palm Coast, FL
City & State: 23 32137	City & State: 28 32135
Zip: 24 / Country: 25	Zip: 29 / Country: 30

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
Corporate Services of Central FL, Inc.	81 Name: Robert D. DeVore
North Orange Avenue	82 Street Address (P.O. Box Number is Not Acceptable): 3 Waterside Parkway
Suite 1100	83 ~~PO Box 354489~~
Orlando, FL 32801	84 City: Palm Coast FL 85 Zip Code: 32137

Pursuant to the provisions of Section 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 617.0505, Florida Statutes.

SIGNATURE: Robert D DeVore (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Hulme, Michael E. One Hargrove Grade ~~Palm Coast, FL 32137~~ ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D James T. Cullis 3 Waterside Parkway ~~Palm Coast, FL 32137~~ ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Ginn, Edward R. III One Hargrove Grade Palm Coast, FL 32137 ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☒ Change ☐ Addition 3 Waterside Parkway
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~RDeVore, Robert D~~ ~~One Hargrove Grade~~ ~~Palm Coast, FL 32137~~ ☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☒ Change ☐ Addition 3 Waterside Parkway
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Levy, Jose One Hargrove Grade ~~Palm Coast, FL 32137~~ ☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☒ Change ☐ Addition 3 Waterside Parkway
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Beam, William One Hargrove Grade ~~Palm Coast, FL 32137~~ ☒ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition 100002535181 -05/26/98---01046---028 ***61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Rockett, Stuart C. One Hargrove Grade Palm Coast, FL 32137 ☒ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☒ Addition ST Vergani, Chris 3 Waterside Parkway Palm Coast, FL 32137

CERTIFY (9/96)

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 added by an attachment with an address.

SIGNATURE: Robert D DeVore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #