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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005285

1. Corporation Name

LAKE HAVEN HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3 WATERSIDE PKWY PALM COAST FL 32137	PO BOX 354443 PALM COAST FL 32135

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 P.O. Box 354489
Suite, Apt. #, etc.
27
City & State
28 Palm Coast FL
Zip 29 32135-4489 Country 30 USA

3. Date Incorporated or Qualified
11/07/1995

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

9. Name and Address of Current Registered Agent

~~DEVORE, ROBERT~~ D James Cullis
3 WATERSIDE PKWY
PALM COAST FL 32137

10. Name and Address of New Registered Agent

81 Name: CULLIS, JAMES J
82 Street Address (P.O. Box Number is Not Acceptable): 3 WATERSIDE PKWY
83
84 City: PALM COAST FL 85 Zip Code: 32137

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 X
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	1.1 TITLE	PD	☐ Change ☑ Addition
NAME	CULLIS, JAMES D		1.2 NAME	Sim Donchez	
STREET ADDRESS	3 WATERSIDE PKWY		1.3 STREET ADDRESS	same	
CITY-ST-ZIP	PALM COAST FL 32137		1.4 CITY-ST-ZIP		
TITLE	PD	☑ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	GINN, EDWARD R III		2.2 NAME	William Hawsman III	
STREET ADDRESS	3 WATERSIDE PKWY		2.3 STREET ADDRESS	same	
CITY-ST-ZIP	PALM COAST FL 32137		2.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	3.1 TITLE	VPD	☐ Change ☑ Addition
NAME	DEVORE, ROBERT D		3.2 NAME	Stewart Rockett	
STREET ADDRESS	3 WATERSIDE PKWY		3.3 STREET ADDRESS	same	
CITY-ST-ZIP	PALM COAST FL 32137		3.4 CITY-ST-ZIP		
TITLE	VP	☑ DELETE	4.1 TITLE	PD	☐ Change ☐ Addition
NAME	LEVY, JOSE		4.2 NAME	CULLIS, JAMES D	
STREET ADDRESS	3 WATERSIDE PKWY		4.3 STREET ADDRESS	same	
CITY-ST-ZIP	PALM COAST FL 32137		4.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	VERGANI, CHRIS		5.2 NAME		
STREET ADDRESS	3 WATERSIDE PKWY		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL 32137		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

[illegible] 2-28-99 [illegible]