

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000010099

**Entity Name:** HAVANA COMMUNITY CLUB, INC.

**Current Principal Place of Business:**

207 FAIRWAY DRIVE  
HAVANA, FL 32333

**FILED**  
**Apr 30, 2024**  
**Secretary of State**  
**7709798805CC**

**Current Mailing Address:**

207 FAIRWAY DRIVE  
HAVANA, FL 32333 US

**FEI Number: 85-3504910**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HOWARD L MCKINNON  
207 FAIRWAY DRIVE  
HAVANA, FL 32333 US

*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.*

**SIGNATURE: HOWARD MCKINNON**

**04/30/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name JOHN BERT  
Address 405 WEST LIVE OAK LANE  
City-State-Zip: HAVANA FL 32333

Title SD  
Name TRACY SMITH  
Address 3724 CONCORD ROAD  
City-State-Zip: HAVANA FL 32333

Title D  
Name VERNELL ROSS  
Address 215 FIRST ST SE  
City-State-Zip: HAVANA FL 32333

Title TD  
Name HOWARD MCKINNON  
Address 207 FAIRWAY DRIVE  
City-State-Zip: HAVANA FL 32333

Title D  
Name EUGENE LAMB  
Address 158 HAYWOOD DUPONT ST  
City-State-Zip: MIDWAY FL 32343

Title D  
Name WINTER, GREG  
Address 260 RIVER BLUFF DRIVE  
City-State-Zip: HAVANA FL 32333

Title D  
Name TILLER, RON  
Address 302 LIVE OAK LANE  
City-State-Zip: HAVANA FL 32333

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: HOWARD MCKINNON**

**TREASURER**

**04/30/2024**

Electronic Signature of Signing Officer/Director Detail

Date