

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000084687

Entity Name: LAKEHAVEN MANAGEMENT INC.**Current Principal Place of Business:**633 LAKEHAVEN CIRCLE
ORLANDO, FL 32828**Current Mailing Address:**633 LAKEHAVEN CIRCLE
ORLANDO, FL 32828**FEI Number:** 42-1320032**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SANDER, DAVID
633 LAKEHAVEN CIRCLE
ORLANDO, FL 32828 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CPST
Name	SANDER, DAVID K
Address	633 LAKEHAVEN CIRCLE
City-State-Zip:	ORLANDO FL 32828

Title	D
Name	STUHR, AMELIA
Address	633 LAKEHAVEN CIRCLE
City-State-Zip:	ORLANDO FL 32828

Title	D
Name	POLSLEY, SUSAN
Address	633 LAKEHAVEN CIRCLE
City-State-Zip:	ORLANDO FL 32828

Title	D
Name	STUHR, ELIZABETH
Address	633 LAKEHAVEN CIRCLE
City-State-Zip:	ORLANDO FL 32828

Title	D
Name	SANDER, ANNA
Address	633 LAKEHAVEN CIRCLE
City-State-Zip:	ORLANDO FL 32828

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID SANDER**PRESIDENT****01/12/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date