

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 709348 (7)

HAVEN HOUSE NO. 3, INC., A CONDOMINIUM



Principal Place of Business: 1250 N E 36TH STREET, POMPANO BEACH FL 33064
Mailing Address: 1250 N E 36TH STREET, POMPANO BEACH FL 33064

3. Date Incorporated or Qualified: **07/22/1965**
3a. Date of Last Report: **03/09/1995**
4. FEI Number: **59-1158445**
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

2. Principal Place of Business (21-24) and Mailing Address (2a-26) details including Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

**CUOZZO, DOROTHY
1260 N.E. 36TH STREET
POMPANO BEACH FL 33064**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	ST	NAME	MERWITZ, LORETTA	STREET ADDRESS	1250 N.E. 36TH ST.	CITY-ST-ZIP	POMPANO BCH. FL	<input type="checkbox"/> DELETE
TITLE	D	NAME	BRUNNER, EVELYN	STREET ADDRESS	1250 N.E. 36TH ST.	CITY-ST-ZIP	POMPANO BEACH FL	<input type="checkbox"/> DELETE
TITLE	D	NAME	SPENCER, MARIE	STREET ADDRESS	1250 NE 36TH ST	CITY-ST-ZIP	POMPANO BCH. FL	<input type="checkbox"/> DELETE
TITLE	VP	NAME	ZEMBA, RUTH	STREET ADDRESS	1250 NN 36TH ST	CITY-ST-ZIP	POMPANO BCH. FL	<input checked="" type="checkbox"/> DELETE
TITLE	P	NAME	CUOZZO, DOROTHY	STREET ADDRESS	1250 NE 36TH ST	CITY-ST-ZIP	POMPANO BCH FL	<input type="checkbox"/> DELETE
TITLE	D.	NAME	SONYA CARGES	STREET ADDRESS	1250 N.E. 36TH ST.	CITY-ST-ZIP	POMPANO Bch. FL.	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Y.P. JOE ZIRBES
4.3 STREET ADDRESS	1250 N.E. 36TH ST.
4.4 CITY-ST-ZIP	POMPANO Bch. FL.
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Dorothy Cuozzo Pres.* 2-9-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)