

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90064 027 ****61.25

DOCUMENT # 709348

1. Entity Name

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1158445**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **CASSANDRA JAKOBOWSKI**
Street Address (P.O. Box Number is Not Acceptable)
1250 N.E. 36TH STREET
Pompano Beach, FL.
City **FL** Zip Code **33064**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Cassandra Dawson-Jakobowski Pres.

3-10-03

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ST	<input type="checkbox"/> Delete
NAME	MERWITZ, LORETTA	
STREET ADDRESS	1250 N.E. 36TH ST.	
CITY-ST-ZIP	POMPANO BCH. FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONROD, FREDRICK	
STREET ADDRESS	1250 NE 36TH ST	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPENCER, MARIE	
STREET ADDRESS	1250 NE 36TH ST	
CITY-ST-ZIP	POMPANO BCH. FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ZIRBES, JOE	
STREET ADDRESS	1250 NE 36TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CUOZZO, DOROTHY	
STREET ADDRESS	1250 NE 36TH ST	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRANDON, SYLVIA	
STREET ADDRESS	1250 N.E. 36TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL	

TITLE	D.	<input type="checkbox"/> Change, <input checked="" type="checkbox"/> Addition
NAME	BRADLEY SANTORA	
STREET ADDRESS	1250 N.E. 36TH STREET	
CITY-ST-ZIP	Pompano Beach FL 33064	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETER MONTALBANO	
STREET ADDRESS	1250 N.E. 36TH STREET	
CITY-ST-ZIP	POM PANO BEACH FL. 33064	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSANDRA JAKOBOWSKI	
STREET ADDRESS	1250 N.E. 36TH STREET	
CITY-ST-ZIP	Pompano Beach FL. 33064	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Loretta Merwitz

3-11-03

954-782-0815

CR2E037 (10/02)