

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 722205 (2)

1. Corporation Name  
**FAIRHAVEN 11 MAINTENANCE ASSOCIATION, INC.**



Principal Place of Business: 5700 NW 84 TERRACE TAMARAC FL 33321  
Mailing Address: 5700 NW 84 TERRACE TAMARAC FL 33321

3. Date Incorporated or Qualified: 12/06/1971  
3a. Date of Last Report: 03/17/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FBI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1475791	Not Applicable
22	23	27	28	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	City & State		City & State		<input type="checkbox"/>	<input type="checkbox"/>
24	25	29	30	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Zip		Zip		<input type="checkbox"/>	<input type="checkbox"/>
	Country		Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JENSEN, HELEN 5717 NW 81 AVENUE TAMARAC FL 33321				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V	<input checked="" type="checkbox"/> DELETE <input type="checkbox"/>	1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KING, GEORGE		1.2 NAME	ELEANOR PETARDI			
STREET ADDRESS	8207 NW 58 PLACE		1.3 STREET ADDRESS	8200 NW 58th STREET			
CITY-ST-ZIP	TAMARAC FL		1.4 CITY-ST-ZIP	TAMARAC, FL., 33321			
TITLE	P	<input checked="" type="checkbox"/> DELETE <input type="checkbox"/>	2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALEXANDER, BEN		2.2 NAME	ADELE KARLIN			
STREET ADDRESS	5801 NW 82 AVE		2.3 STREET ADDRESS	5800 NW 84th TERRACE			
CITY-ST-ZIP	TAMARAC, FL 00000		2.4 CITY-ST-ZIP	TAMARAC, FL., 33321			
TITLE	T	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JENSEN, HELEN		3.2 NAME				
STREET ADDRESS	5717 NW 81 AVE		3.3 STREET ADDRESS				
CITY-ST-ZIP	TAMARAC FL		3.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRAMIE, SUSKIN		4.2 NAME				
STREET ADDRESS	8209 NW 57TH CT.		4.3 STREET ADDRESS				
CITY-ST-ZIP	TAMARAC, FL 00000		4.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE <input type="checkbox"/>	5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLAUER, MIN		5.2 NAME	JOESPH MACALUSO			
STREET ADDRESS	5701 NW 84TH AV		5.3 STREET ADDRESS	8405 NW 58 PLACE			
CITY-ST-ZIP	TAMARAC FL		5.4 CITY-ST-ZIP	TAMARAC, FL., 33321			
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOFFMAN, AL		6.2 NAME				
STREET ADDRESS	8111 NW 58 PLACE		6.3 STREET ADDRESS				
CITY-ST-ZIP	TAMARAC FL		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: HELEN JENSEN HELEN JENSEN 4/20/96 (954) 720-0856  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone#

CR2E037 (12/95)