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**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90031 044 \*\*\*\*61.25

0038562

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 722205**

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
**12/06/1971**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
**59-1475791**

Applied For  
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

24 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

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 **JEAN HARRISON**

82 Street Address (P.O. Box Number is Not Acceptable)  
**5804 NW 81 AVE**

83

84 City **TAMARAC**

FL

85 Zip Code **33321**

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 *JEAN HARRISON* **JEAN HARRISON, TREASURER**

**3/4/99**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	PETARDI, ELEANOR	
STREET ADDRESS	8200 NW 58TH STREET	
CITY-ST-ZIP	TAMARAC FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	V	<input type="checkbox"/> DELETE
NAME	KARLIN, ADELE	
STREET ADDRESS	5800 NW 84TH TERRACE	
CITY-ST-ZIP	TAMARAC, FL 00000	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	JENSEN, HELEN	
STREET ADDRESS	5717 NW 81 AVE	
CITY-ST-ZIP	TAMARAC FL	

3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>HARRISON, JEAN</b>
3.3 STREET ADDRESS	<b>5804 NW 81 AVE</b>
3.4 CITY-ST-ZIP	<b>TAMARAC, FL</b>

TITLE	D	<input type="checkbox"/> DELETE
NAME	BRAMIE, SUSKIN	
STREET ADDRESS	8209 NW 57TH CT.	
CITY-ST-ZIP	TAMARAC, FL 00000	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MACALUSO, JOSEPH	
STREET ADDRESS	8405 NW 58 PLACE	
CITY-ST-ZIP	TAMARAC FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	JACOBSON, HYMAN	
STREET ADDRESS	5706 NW 81 TERR	
CITY-ST-ZIP	TAMARAC FL	

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 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 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, with all other like empowered.

SIGNATURE: *JEAN HARRISON* **JEAN HARRISON, TREASURER** **3/4/99** **954-720-0856**

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (11/98)