


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90318 014 \*\*\*\*61.25

<b>DOCUMENT # 722205</b>			
1. Entity Name <b>FAIRHAVEN 11 MAINTENANCE ASSOCIATION, INC.</b>			
Principal Place of Business <b>5700 NW 84 TERRACE TAMARAC FL 33321</b>		Mailing Address <b>5700 NW 84 TERRACE TAMARAC FL 33321</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

00000101



1st MOORE CR2E037 (10/04)

4. FEI Number <b>59-1475791</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>HARRISON, JEAN 5804 NW 81ST AVENUE TAMARAC FL 33321</b>		Name _____	
		Street Address (P.O. Box Number is Not Acceptable) _____	
		City _____ <b>FL</b> Zip Code _____	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PETARDI, ELEANOR</b> <b>8200 NW 58TH STREET</b> <b>TAMARAC FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>KARLIN, ADELE</b> <b>5800 NW 84TH TERRACE</b> <b>TAMARAC, FL 00000</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HARRISON, JEAN</b> <b>5804 NW 81ST AVENUE</b> <b>TAMARAC FL 33321</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SMITH, CLARICE</b> <b>8210 NW 58TH CT</b> <b>TAMARAC FL 33321</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HUSSAR, JEANNE</b> <b>5708 NW 84TH TERRACE</b> <b>TAMARAC FL 33321</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KELLY, CAROL</b> <b>8102 NW 58TH PLACE</b> <b>TAMARAC FL 33321</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: JEAN HARRISON *Jean Harrison, Treasurer 4/16/05 954-720-0856*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 50039137  
# 722205

**FAIRHAVEN ELEVEN (11) MAINTENANCE ASSOCIATION, INC.**  
5700 N.W. 84<sup>TH</sup> TERRACE, TAMARAC, FLORIDA 33321  
TELEPHONE 954-720-0856

Addendum to Block 11 – Additional Directors & Vice President

D

Arthur Rose  
8301 NW 57<sup>th</sup> Place  
Tamarac, FL 33321

D

Jacqueline Taylor  
5720 NW 81<sup>st</sup> Avenue  
Tamarac, FL 33321

D

Edward Flynn  
5807 NW 83<sup>rd</sup> Avenue  
Tamarac, FL 33321

D

Daniel Blaha  
8209 NW 57<sup>th</sup> Place  
Tamarac, FL 33321

Betty Golden  
5814 NW 81<sup>st</sup> Avenue  
Tamarac, FL 33321

V

Richard Smith  
5800 NW 81st Avenue  
Tamarac, FL 33321

D Delete

Philip Groden  
8202 NW 58<sup>th</sup> Street  
Tamarac, FL 33321

D Delete

Helen Schneider  
5721 NW 81<sup>st</sup> Terrace  
Tamarac, FL 33321