

**ANNUAL REPORT
1995**

Division of Corporations
Secretary of State

FILED

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DOCUMENT # 739578 (3)

1. Corporation Name
NEW HAVEN CONDOMINIUM ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1400 NEW HAVEN DRIVE LARGO FL 34641

3. Date Incorporated or Qualified **07/08/1977** 3a. Date of Last Report **03/15/1994**
4. FEI Number **59-1755420** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**MINGO, BETTY
1210 14TH CIRCLE SE
LARGO FL 34641**

10. Name and Address of New Registered Agent
81 Name **Albert E Harrison**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **1217 11 Circle SE**
84 City **Largo** FL 85 Zip Code **34647**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Albert E Harrison* Albert E Harrison 4-10-95
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MINGO, BETTY 1210 14TH CIRCLE SE LARGO FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD STEVENSON, ROBERT 1211 14TH CIRCLE SE LARGO FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HARRISON, AL 1217 11TH CIRCLE SE LARGO FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD STEFFENS, FRED 1208 11TH CIR., S.E. LARGO, FL 00000
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHAPUT, ISABELL 1012 10TH CIRCLE SE LARGO FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PD Albert E Harrison 1217 11 Circle SE Largo FL 34647 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	SD Vera Harper 1517 16 Circle SE Largo FL 34647 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
6.1 TITLE 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 110.07(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: *Albert E Harrison* Albert E Harrison 4-10-95 581 0939
Signature and typed or printed name of signing officer or director (Date) (Type in Name #)