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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 739578 (3)
1. Corporation Name
NEW HAVEN CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 1400 NEW HAVEN DRIVE LARGO FL 34641
Mailing Address: 1400 NEW HAVEN DRIVE LARGO FL 33771-3159

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/08/1977	3a. Date of Last Report 02/12/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1755420	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STEFFENS, FRED 1208 11TH CIRCLE SE LARGO FL 34641				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: *Betty Mingo*
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 checked="" type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	STEFFENS, FRED			1.2 NAME	<i>Betty Mingo</i>		
STREET ADDRESS	1208 11TH CIRCLE SE			1.3 STREET ADDRESS	1210 14 Circle SE		
CITY-ST-ZIP	LARGO FL			1.4 CITY-ST-ZIP	Largo FL 33771		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	STEVENS, ROBERT			2.2 NAME	<i>Rogis Doeker</i>		
STREET ADDRESS	1211 14TH CIRCLE SE			2.3 STREET ADDRESS	1219 13 Circle SE		
CITY-ST-ZIP	LARGO FL			2.4 CITY-ST-ZIP	Largo FL 33771		
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARPER, VERA			3.2 NAME	<i>Vera Harper</i>		
STREET ADDRESS	1517 16 CIRCLE SE			3.3 STREET ADDRESS	1517 16 Circle SE		
CITY-ST-ZIP	LARGO FL 34641			3.4 CITY-ST-ZIP	Largo FL ZIP 33771		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STEFFENS, FRED			4.2 NAME	<i>Deceased</i>		
STREET ADDRESS	1208 11TH CIR., S.E.			4.3 STREET ADDRESS			
CITY-ST-ZIP	LARGO FL			4.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LUNDEEN, STAN			5.2 NAME	<i>Stan Lundeen</i>		
STREET ADDRESS	1234 11 CIRCLE SE			5.3 STREET ADDRESS	1234 11 Circle		
CITY-ST-ZIP	LARGO FL 34641			5.4 CITY-ST-ZIP	Largo FL ZIP 33771		
TITLE	T	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	STEVENS, BOB			6.2 NAME	<i>Cuma Glennon</i>		
STREET ADDRESS	1211 14 CIRCLE SE			6.3 STREET ADDRESS	1207 10 Circle SE		
CITY-ST-ZIP	LARGO FL 34641			6.4 CITY-ST-ZIP	Largo FL 33771		

14. I do 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.

SIGNATURE: *Betty Mingo* **NOT REQUIRED** 3/19/97 813.581 0939
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0001041

CR2E037 (9/96)