1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 739578

NEW HAVEN CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| 1400 NEW HAVEN DRIVE LARGO FL 33771 US | | | | | | | | | |

2. Principal Place of Business

21

Mailing Address

1400 NEW HAVEN DRIVE **LARGO FL 33771**

2a. Mailing Address

26



02-27-1999 90066 011 ****61.25



3. Date Incorporated or Qualifed

07/08/1977

| Suite, Apt. | . #, etc. | Suite | , Apt. #, etc. | | | •. | rei Numbei | | [\Abi | JIEG FOI | | |
|--|---|-------------------------|----------------|----------------|---|---------------------------------------|---------------------------------------|--------------|------------------------|------------|--|--|
| 22 | • | 27 | | | | | 59-1755420 | | Not | Applicable | | |
| City & Sta | te | City 28 | & State | | | 5. | Certifcate of Status Desired | | \$8.75 A Fee Re | | | |
| Zip | Country | Zip | | Country | | 6. | Election Campaign Financing | | \$5.00 | May Be | | |
| 24 | 25 | 29 | 30 | | | | Trust Fund Contribution | | Added to | | | |
| | 9. Name and Address of Currer | | | | | 10. | Name and Address of New F | Registered / | lgent | | | |
| | | | | 81 | Name | | | | | | | |
| MINO PETE | | | | | 02 Oberet Address (D.O. Boy Number is Not Accordable) | | | | | | | |
| MINGO, BETTY | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| 1210 14TH CIRCLE | | | | | | | | | | | | |
| LARGO FL 33771 | | | | | | | | | 85 Zip C | | | |
| | | | | 84 | City | | | FL | 85 Zip C | ode | | |
| 11. Pursuant | 11 Discuss to the provisions of Sections 617 0502 and 617 1508 Elorida Statutes, the above named compostion 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. Thereby accept the appointment as registered | | | | | | | | | | | | |
| agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. | | | | | | | | | | | | |
| SIGNATURE | Signature, typed or prighted name of registered age | nt and title if apolica | ble. (NOTE: Re | egistered Agen | sionature re | r nertw beniupe | ESINENT einstating) | DATE | | | | |
| 12. | OFFICERS AN | | | 13. | | | ADDITIONS/CHANGES TO OF | FICERS AN | D DIRECTO | RS IN 12 | | |
| TITLE | D | | DELETE | 1.1 TITLE | | | | | ☐ Change | ☐ Addition | | |
| NAME | MINGO, BETTY | | | 1.2 NAME | | | | | | | | |
| STREET ADDRESS | l ' | | | 1.3 STREET | ADDRESS | | | | | - | | |
| CITY-ST-ZIP | LARGO FL 33771 | | | 1.4 CITY-ST | -ZIP | | | | | | | |
| TITLE | D | | ☐ DELETE | 2.1 TITLE | | · · · · · · · · · · · · · · · · · · · | | | ☐ Change | ☐ Addition | | |
| NAME | DECKER, REGIS | | | 2.2 NAME | | | | | | | | |
| STREET ADORESS | | | | 2.3 STREET | ADDRESS | | | | | | | |
| CITY-ST-ZIP | LARGO FL 33771 | | | 2. 4 CITY-S | r-zip · | | | - | | · | | |
| TITLE | D | | ☐ DELETE | 3.1 TITLE | | | | | ☐ Change | Addition | | |
| NAME | HARPER, VERA | | | 3.2 NAME | | | | | | | | |
| STREET ADDRESS | | | | 3.3 STREET | ADDRESS | | | | | | | |
| CITY-ST-ZIP | LARGO FL 33771 | | | 3.4. CITY-S | r-ZIP | | | | | | | |
| TITLE | D | | DELETE | 4.1 TITLE | | \overline{D} | | | Change | Addition | | |
| NAME | HYLAND, GARLAND | | • | 4. 2 NAME | | FRY | ER, HI | | | | | |
| STREET ADDRESS | | | | 4.3 STREET | ADDRESS | 1206 | ER AI 16 CIRCLE SE | | | | | |
| CITY-ST-ZIP | LARGO FL 33771 | | | 4.4 CITY-ST | | Larg | 10 F1 33771 | | | | | |
| TITLE | D | | DELETE | 5.1 TITLE | | T | UD GERAID | | Change | Addition | | |
| NAME | GLENNON, CUMA | | | 5.2 NAME | | HYLA | NU, GERA-U | | |] | | |
| STREET ADDRESS | 1 2 2 2 2 2 | | | 5.3 STREET | ADDRESS | 1200 | NO.GERALO II CIrcleSE BIF133771 | | | | | |
| CITY-ST-ZIP | LARGO FL 33771 | | | 5.4 CITY-ST | -ZIP | Larg | W 1133711 | | | | | |
| TITLE | | | ☐ DELETE | 6.1 TITLE | | | | | ☐ Change | ☐ Addition | | |
| NAME . | | | | 6.2 NAME | | | | | | ļ | | |
| OTDEET 4000000 | | | | 6.3 STREET | ADDRESS | | | | | 1 | | |

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.

6.4 CITY-ST-ZIP