

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90088 032 ****61.25

DOCUMENT # 739578

1. Entity Name
NEW-HAVEN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address

1400 NEW HAVEN DRIVE **1400 NEW HAVEN DRIVE**
LARGO FL 33771 **LARGO FL 33771**
US **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1755420		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
GRANT, LARRY 1516 16 CIRCLE SE LARGO FL 33771				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	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.

SIGNATURE *Marilyn A. Dickson* MARILYN A. DICKSON 2-14-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT, LARRY		NAME		
STREET ADDRESS	1516 16 CIRCLE SE		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33771		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	DBLATNER, RAYMOND	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIETNER, RAYMOND		NAME		
STREET ADDRESS	1501 12 CIRCLE SE		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33771		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINNERAN, JOHN		NAME		
STREET ADDRESS	1215 14 CIRCLE SE		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33771		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRYER, A		NAME		
STREET ADDRESS	1206 16 CIRCLE SE		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33771		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYLAND, GERALD		NAME		
STREET ADDRESS	1200 11 CIRCLE SE		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33771		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Marilyn A. Dickson* MARILYN A. DICKSON 2/14/02 727 581 0939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)