


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90016 005 \*\*\*\*61.25

<b>DOCUMENT # 739578</b>					
1. Entity Name <b>NEW HAVEN CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1400 NEW HAVEN DRIVE LARGO, FL 33771 US</b>			Mailing Address <b>1400 NEW HAVEN DRIVE LARGO, FL 33771 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1755420</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BLATNER, RAYMOND 1501 12 CIRCLE SE LARGO, FL 33771</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
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	BLATNER, RAYMOND		NAME		
STREET ADDRESS	1501 12 CIRCLE ST.		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	SINOPOLI, JOSEPH		NAME		
STREET ADDRESS	1211 14 CIRCLE SE		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33771		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAYTON, LLOYD		NAME	JOSEPH KOVESDY	
STREET ADDRESS	1208 16 CIRCLE SE		STREET ADDRESS	1217 14 CIRCLE SE	
CITY-ST-ZIP	LARGO, FL 33771		CITY-ST-ZIP	LARGO FL 33771	
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 checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLATNER, MARY JANE		NAME	CAPFERTY, ANITA	
STREET ADDRESS	1501 12 CIRCLE SE		STREET ADDRESS	1201 16 CIRCLE SE	
CITY-ST-ZIP	LARGO, FL 33771		CITY-ST-ZIP	LARGO FL 33771	
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 exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <i>Raymond Blatner</i> <b>RAYMOND BLATNER</b>			Date <b>2-13-08</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		