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May 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 766618 (3)

1. Corporation Name

NEW HAVEN CONDOMINIUM II ASSOCIATION, INC.



Principal Place of Business

Mailing Address

% CONDOMINIUM MANAGEMENT GROUP INC.
1700 66TH ST. NORTH #207
ST.PETERSBURG FL 33743-7068
US

% CONDOMINIUM MANAGEMENT GROUP INC.
P.O. BOX 47068
ST.PETERSBURG FL 33743-7068
US

3. Date Incorporated or Qualified
01/20/1983

3a. Date of Last Report
04/17/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2289042

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZACUR, RICHARD-
5200 CENTRAL AVENUE
ST. PETERSBURG FL 33711

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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 PD DELETE
NAME JEANETTE DICKENSON
STREET ADDRESS 1213 9TH CIRCLE SE, #217
CITY-ST-ZIP LARGO FL

1.1 TITLE President / Director Change Addition
1.2 NAME St. J. Kowalski, Fran
1.3 STREET ADDRESS 1013-10th Circle S.E. #177
1.4 CITY-ST-ZIP Largo, FL 33771

TITLE VPD DELETE
NAME ELEANORE CONTI
STREET ADDRESS 1215 9TH CIRCLE SE, #218
CITY-ST-ZIP LARGO FL

2.1 TITLE Vice-President / Director Change Addition
2.2 NAME Ramunno, Lucy
2.3 STREET ADDRESS 1111- 9th Circle S.E. #197
2.4 CITY-ST-ZIP Largo, FL 33771

TITLE SD DELETE
NAME FRAN STRYKOWSKI
STREET ADDRESS 1013 10TH CIRCLE SE, #177
CITY-ST-ZIP LARGO FL

3.1 TITLE Secretary / Director Change Addition
3.2 NAME Lawson, Sandra
3.3 STREET ADDRESS 1203- 9th Circle S.E. #212
3.4 CITY-ST-ZIP Largo, FL 33771

TITLE TD DELETE
NAME ICU RA, IMMP
STREET ADDRESS 1111 9TH CIRCLE SE, #197
CITY-ST-ZIP LARGO FL

4.1 TITLE Treasurer / Director Change Addition
4.2 NAME Dickinson, Jeanette
4.3 STREET ADDRESS 1213- 9th Circle S.E. #217
4.4 CITY-ST-ZIP Largo, FL 33771

TITLE D DELETE
NAME SANDRA LAWSON
STREET ADDRESS 1203 9TH CIRCLE SE, #212
CITY-ST-ZIP LARGO FL

5.1 TITLE Director Change Addition
5.2 NAME Conti, Eleanore
5.3 STREET ADDRESS 1215- 9th Circle S.E. #218
5.4 CITY-ST-ZIP Largo, FL 33771

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: *Jeanette Dickinson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)