

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766618 (3)
 1. Corporation Name
NEW HAVEN CONDOMINIUM II ASSOCIATION, INC.



Principal Place of Business % CONDOMINIUM MANAGEMENT GROUP INC. 1700 66TH ST. NORTH #207 ST.PETERSBURG FL 33743-7068 US	Mailing Address % CONDOMINIUM MANAGEMENT GROUP INC. P.O. BOX 47068 ST.PETERSBURG FL 33743-7068 US
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3. Date Incorporated or Qualified 01/20/1983	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
4. FEI Number 59-2289042	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 5530 1st Ave N. Suite, Apt. #, etc 22	2a. Mailing Address Suite, Apt. #, etc. 26
City & State 23 St. Petersburg, FL	City & State 27
Zip 24 33110	Country 25
Zip 28	Country 29

9. Name and Address of Current Registered Agent

ZACUR, RICHARD
5200 CENTRAL AVENUE
ST. PETERSBURG FL 33711

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRY KOSWKI, FRAN	1.2 NAME	
STREET ADDRESS	1013 10TH CIR S.E., #177	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMUNNO, LUCY	2.2 NAME	
STREET ADDRESS	1111 9TH CIR S.E., #197	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWSON, SANDRA	3.2 NAME	
STREET ADDRESS	1203 9TH CIR S.E., #202	3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKINSON, JEANETTE	4.2 NAME	
STREET ADDRESS	1213 9TH CIR S.E., #217	4.3 STREET ADDRESS	SD Scheitler, Ann
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP	1009-10th Circle SE #179
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONTI, ELEANORE	5.2 NAME	
STREET ADDRESS	1215 9TH CIR S.E., #218	5.3 STREET ADDRESS	Largo, FL 33771
CITY-ST-ZIP	LARGO FL	5.4 CITY-ST-ZIP	TD
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Frances Strykowska*

CR2E037 (10/97)