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NONPROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766618

1. Corporation Name

NEW HAVEN CONDOMINIUM II ASSOCIATION, INC.

* 4 N 9 5 / 2 *



Principal Place of Business

5530 1ST AVE N
1700 66TH ST. NORTH #207
ST PETE FL 33110
US

Mailing Address

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/20/1983

4. FEI Number

59-2289042

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME STRY KOSWKI, FRAN
STREET ADDRESS 1013 10TH CIR S.E., #177
CITY-ST-ZIP LARGO FL

TITLE VPD
NAME RAMUNNO, LUCY
STREET ADDRESS 1111 9TH CIR S.E., #197
CITY-ST-ZIP LARGO FL

TITLE D
NAME LAWSON, SANDRA
STREET ADDRESS 1203 9TH CIR S.E., #202
CITY-ST-ZIP LARGO FL

TITLE SD
NAME SCHEITLER, ANN
STREET ADDRESS 1009 10TH CIR SE, 179
CITY-ST-ZIP LARGO FL 33771

TITLE TD
NAME CONTI, ELEANORE
STREET ADDRESS 1215 9TH CIR S.E., #218
CITY-ST-ZIP LARGO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Mac Kenzie, William
1.3 STREET ADDRESS 1210 10th Circle S.E. #183
1.4 CITY-ST-ZIP Largo, FL. 33771

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE S
3.2 NAME Arery, Wanda
3.3 STREET ADDRESS 1011 10th Circle S.E. #178
3.4 CITY-ST-ZIP Largo, FL. 33771

4.1 TITLE TD
4.2 NAME Scheitler, Ann
4.3 STREET ADDRESS 1009 10th Circle SE. #179
4.4 CITY-ST-ZIP Largo, FL. 33771

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-2-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037_ (1/1/98)