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FILED
Mar 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N01022 (5)
1. Corporation Name
NEW HAVEN RECREATION ASSOCIATION, INC.



Principal Place of Business: 1400 NEW HAVEN DR LARGO FL 34641
Mailing Address: 1400 NEW HAVEN DR LARGO FL 34641

3. Date Incorporated or Qualified: 01/20/1984
4. FEI Number: 59-2347196
Applied For: Not Applicable

21. Principal Place of Business	2a. Mailing Address
1400 New Haven Dr	1400 New Haven Dr
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
Largo FL	Largo FL
24. Zip	29. Zip
33771	33771
Country	Country
Pinellas	Pinellas

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
WHETSEL, CARL
1204 16 CIRCLE SE
LARGO FL 34641

10. Name and Address of New Registered Agent
81 Name: Carl Whetsel
82 Street Address (P.O. Box Number is Not Acceptable): 1204 16th Circle SE
83 City: Largo
84 City: FL 85 Zip Code: 33771

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] DATE: 3-1-98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	WHETSEL, CARL	1.2 NAME	Whetsel, Carl
STREET ADDRESS	1204 16 CIRCLE SE	1.3 STREET ADDRESS	1204 16 Circle SE
CITY-ST-ZIP	LARGO FL 34641	1.4 CITY-ST-ZIP	Largo FL 33771
TITLE	VPD	2.1 TITLE	VPD
NAME	CLARK, RICHARD	2.2 NAME	Clark, Richard
STREET ADDRESS	1418 14 CIRCLE SE	2.3 STREET ADDRESS	1418 14 Circle SE
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	Largo FL 33771
TITLE	T	3.1 TITLE	T
NAME	PIPER, CHARLES	3.2 NAME	Piper, Charles
STREET ADDRESS	1302 13 CIRCLE SE	3.3 STREET ADDRESS	1302 13 Circle SE
CITY-ST-ZIP	LARGO FL 34641	3.4 CITY-ST-ZIP	Largo FL 33771
TITLE	VPD	4.1 TITLE	VPD
NAME	MACKENZIE, WILLIAM	4.2 NAME	Mackenzie, William
STREET ADDRESS	1210 10 CIRCLE SE	4.3 STREET ADDRESS	1210 10 Circle SE
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP	Largo FL 33771
TITLE	S	5.1 TITLE	S
NAME	MALASZEK, MARY J	5.2 NAME	Malaszek, Mary J.
STREET ADDRESS	1220 11TH CIRCLE SE	5.3 STREET ADDRESS	1220 11th Circle SE
CITY-ST-ZIP	LARGO FL 34641	5.4 CITY-ST-ZIP	Largo FL 33771
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Change Addition

Change Addition

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Change Addition

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: [Signature] DATE: 3-1-98 813 581 0939

CR2E037 (10/97)