FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 FEB 27 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N07293** **(6)**

1. Corporation Name

BROOK HAVEN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1025 CASUARINA RD. DELRAY BEACH FL 33483	~~1025 CASUARINA RD.~~ ~~DELRAY BEACH FL 33483~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/24/1985
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2677088 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 c/o PHIL CITTADINO MANAGEMENT
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 100 E. LINTON BLVD. # 306-B
City & State 23	City & State 28 DELRAY BEACH FL
Zip 24 / Country 25	Zip 29 33483 / Country 30 USA

9. Name and Address of Current Registered Agent

~~LYNCH, SIDNEY QUINN~~
~~2020 FLORIDA BLVD., #213~~
~~DELRAY BEACH FL 33483~~

10. Name and Address of New Registered Agent

81 Name: PHIL CITTADINO
82 Street Address (P.O. Box Number is Not Acceptable): 100 E. LINTON BLVD #306-B
83
84 City: DELRAY BEACH FL 85 Zip Code: 33483

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Phil Cittadino PHIL CITTADINO, PROP MGR. 2-14-95
Signature, type 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	11 TITLE	P/D	☒ Change ☐ Addition
NAME	~~WILDES, LELAND I~~	12 NAME	ANTHONY C. SOVIERO	
STREET ADDRESS	~~2020 FLA BLVD., #213~~	13 STREET ADDRESS	70 SE 4TH AVENUE	
CITY-ST-ZIP	~~DELRAY BEACH FL~~	14 CITY ST ZIP	DELRAY BEACH FL 33483	
TITLE	VD	21 TITLE	V/D	☒ Change ☐ Addition
NAME	~~POWERS, ELSIE~~	22 NAME	PETER E. DONEGAN	
STREET ADDRESS	~~1025 CASUARINA RD #0~~	23 STREET ADDRESS	1025 CASUARINA ROAD	
CITY-ST-ZIP	~~DELRAY BEACH FL~~	24 CITY ST ZIP	DELRAY BEACH FL 33483	
TITLE	STD	31 TITLE	S/T/D	☒ Change ☐ Addition
NAME	~~LYNCH, SYDNEY~~	32 NAME	LINDA ANNE SUMMERS	
STREET ADDRESS	~~2020 FLA BLVD., #213~~	33 STREET ADDRESS	4217 NORTH COUNTY ROAD	
CITY-ST-ZIP	~~DELRAY BEACH FL~~	34 CITY ST ZIP	GULFSTREAM FL 33483	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: ~~PRES.~~ ANTHONY C. SOVIERO, PRES. 2-14-95 407-279-0555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0015N1