

FILE NOW: FILING FEE IS \$61.25

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**Mar 17 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 # N07293 (6)
1. Corporation Name
BROOK HAVEN CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **1025 CASUARINA RD. DELRAY BEACH FL 33483**
Mailing Address: **C/O PHIL CITTADINO MANAGEMENT 100 E LINTON BLVD #306-B DELRAY BEACH FL 33483-3326 US**

3. Date Incorporated or Qualified: **01/24/1985**
3a. Date of Last Report: **04/10/1996**

21	2. Principal Place of Business	2a	2a. Mailing Address	4	4. FEI Number	Applied For	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2677088	Not Applicable	
22	22. City & State	27	27. City & State	5	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	23. Zip	28	28. Zip	6	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	24. Country	29	29. Country	8	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CITTADINO, PHIL 100 E LINTON BLVD., #306-B DELRAY BEACH FL 33483				81	81. Name		
				82	82. Street Address (P.O. Box Number is Not Acceptable)		
				83	83. City		
				84	84. City	FL	85

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	TD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	SOVIERO, ANTHONY C		1.2 NAME	JOE ESPOSITO			
STREET ADDRESS	70 SE 4TH AVENUE		1.3 STREET ADDRESS	1025 CASUARINA ROAD #2			
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP	DELRAY BEACH FL 33483			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	ST	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	DONEGAN, PETER E		2.2 NAME	LINDA ANNE SUMMERS			
STREET ADDRESS	1025 CASUARINA ROAD		2.3 STREET ADDRESS	4217 NORTH COUNTY ROAD			
CITY-ST-ZIP	DELRAY BEACH FL		2.4 CITY-ST-ZIP	GULFSTREAM FL 33483			
TITLE	PSD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FINNIGAN, HELGA I		3.2 NAME				
STREET ADDRESS	1025 CASUARINA ROAD #1		3.3 STREET ADDRESS				
CITY-ST-ZIP	DELRAY BEACH FL		3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	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 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.

CR2E037 (9/96)