2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 14, 2002 8:00 am Secretary of State **DOCUMENT # N07293** 1. Entity Name BROOK HAVEN CONDOMINIUM ASSOCIATION, INC. 05-14-2002 90317 008 ****61.25 Mailing Address Principal Place of Business C/O PHIL CITTADINO MANAGEMENT. INC. 14000 MILITARY TR 14000 MILITARY TRAIL, SUITE 204-C SUITE 204 C DELRAY BEACH FL 33484 DELRAY BEACH FL 33484 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2677088 Not Applicable Country \$8.75 Additional Country Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CITTADINO, PHIL 14000 MILITARY TRAIL SUITE 204 C DELRAY BEACH FL 33484 Zip Code City; 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ✓ Delete ☐ Addition TITLE Change TITLE NAME ESPOSITO, JOE NAME STREET ADDRESS STREET ADDRESS 1025 CASUARINA ROAD STE 2 CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL TITLE TITLE SUMMERS, LINDA A NAME NAME STREET ADDRESS STREET ADDRESS 4217 NO COUNTY ROAD CITY-ST-7IP CITY-ST-ZIP GULFSTREAM FL. PSD ☐ Delete TITLE FINNIGAN, HELGA I NAME NAME STREET ADDRESS 1025 CASUARINA ROAD #1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF DELRAY BEACH FL ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TIT) F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/02

496-3233

Daytime Phone #