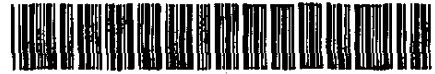


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 16, 2004 8:00 am
Secretary of State

08-02-2004 90012 015 ****61.25

66432017



MOORE CR2E037 (4/04)

DOCUMENT # N07293			
1. Entity Name BROOK HAVEN CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1025 CASUARINA RD., UNIT 1 DELRAY BEACH FL 33483		Mailing Address 1025 CASUARINA RD., UNIT 1 DELRAY BEACH FL 33483 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2677088		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FUSTEAD, HELENA 1025 CASURINA RD., #1 DELRAY BEACH FL 33483		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW. FEE IS \$61.25 Due By September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINNIGAN, HELGA I	NAME	
STREET ADDRESS	1025 CASUARINA ROAD #1	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> Delete	TITLE	Krasniansky, Andrea <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RETALEATO, RENEE	NAME	1025 Casuarina Rd
STREET ADDRESS	1025 CASUARINA RD	STREET ADDRESS	Delray Beach, FL 33483. (5T) (JK)
CITY-ST-ZIP	DELRAY BEACH FL 33483	CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	Anderson, Angela <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARRY, JENNIFER	NAME	1025 Casuarina Rd
STREET ADDRESS	1025 CASUARINA RD., #5	STREET ADDRESS	Delray Beach, FL 33483 (VD) (JK)
CITY-ST-ZIP	DELRAY BEACH FL 33483	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Delray Krasniansky</i>		7/28/04 Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		561.596.5840 Daytime Phone #	