

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 05, 2006
Secretary of State**

DOCUMENT# N07293

Entity Name: BROOK HAVEN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1025 CASUARINA RD., UNIT 1
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

1025 CASUARINA RD., UNIT 1
DELRAY BEACH, FL 33483 US

New Mailing Address:

FEI Number: 59-2677088 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FUSTEAD, HELENA
1025 CASURINA RD., #1
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: FINNIGAN, HELGA I
Address: 1025 CASUARINA ROAD #1
City-St-Zip: DELRAY BEACH, FL

Title: PSD () Delete
Name: KRANSNIANSKY, ANDREA
Address: 1025 CASUARINA RD
City-St-Zip: DELRAY BEACH, FL 33483

Title: VD () Delete
Name: ANDERSON, ANGELA
Address: 1025 CASUARINA RD
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PSD (X) Change () Addition
Name: KRANSNIANSKY, ANDREA
Address: 1025 CASUARINA RD APT, #4
City-St-Zip: DELRAY BEACH, FL 33483

Title: VD (X) Change () Addition
Name: ANDERSON-WORTHING, ANGELA
Address: 1025 CASUARINA RD APT #7
City-St-Zip: DELRAY BEACH, FL 33483

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELGA FINNIGAN

_____ Electronic Signature of Signing Officer or Director

MM

01/05/2006

_____ Date