


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-03-2003 90865 024 ****61.25

DOCUMENT # N07293

1. Entity Name
BROOK HAVEN CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**C/O PHIL CITTADINO MANAGEMENT, INC.
14000 MILITARY TRAIL SUITE 204-C
DELRAY BEACH FL 33484**

Mailing Address
**14000 MILITARY TR
SUITE 204 C
DELRAY BEACH FL 33484
US**

2. Principal Place of Business
**1025 CASUARINA ROAD
SUITE, Apt. #, etc.
UNIT 1**

3. Mailing Address
**1025 CASUARINA RD.
SUITE, Apt. #, etc.
UNIT 1**

City & State
DELRAY BEACH, FL.

City & State
DELRAY BEACH, FL.

Zip
33483

Country
USA

Zip
33483

Country
USA



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**CITTADINO, PHIL
14000 MILITARY TRAIL SUITE 204 C
DELRAY BEACH FL 33484**

7. Name and Address of New Registered Agent
Name
HELGA FINNIGAN
Street Address (P.O. Box Number is Not Acceptable)
1025 CASUARINA RD. # 1
City
DELRAY BEACH FL Zip Code
33483

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 *Helga Finnigan* **Helga Finnigan, President, 2/26/03**
Signature, typed or printed name of registered agent (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD FINNIGAN, HELGA I 1025 CASUARINA ROAD #1 DELRAY BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RACK, KRISTI 1025 CASUARINA RD DELRAY BEACH FL 33483	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RETALEATO, RENEE 1025 CASUARINA RD DELRAY BEACH FL 33483	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JENNIFER BARRY 1025 CASUARINA RD. #5 DELRAY BEACH, FL. 33483	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Helga Finnigan* **Helga Finnigan, President, 2/26/03**
Signature and typed or printed name of signing officer or director Date

CR2E037 (10/02)