

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

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90026 007 ****61.25

DOCUMENT # 709348

1. Entity Name

HAVEN HOUSE NO. 3. INC., A CONDOMINIUM



Principal Place of Business

1250 N E 36TH STREET
POMPANO BEACH FL 33064

Mailing Address

1250 N E 36TH STREET
POMPANO BEACH FL 33064

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1158445

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JAKOBOWSKI, CASSANDRA
1260 N.E. 36TH STREET
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 **ST** ☐ Delete
NAME **MERWITZ, LORETTA**
STREET ADDRESS **1250 N.E. 36TH ST.**
CITY-ST-ZIP **POMPANO BCH. FL**

TITLE **D** ☒ Delete
NAME **CONROD, FREDRICK**
STREET ADDRESS **1250 NE 36TH ST**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **D** ☐ Delete
NAME **MONTALBANO, PETER**
STREET ADDRESS **1250 NE 36TH ST**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **VP** ☐ Delete
NAME **ZIRBES, JOE**
STREET ADDRESS **1250 NE 36TH STREET**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **D** ☒ Delete
NAME **JAKOBOWSKI, CASSANDRA**
STREET ADDRESS **1250 NE 36TH ST**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **D** ☐ Delete
NAME **BRANDON, SYLVIA**
STREET ADDRESS **1250 N.E. 36TH STREET**
CITY-ST-ZIP **POMPANO BEACH FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CASSANDRA JAKOBOWSKI D.** ☒ Change ☐ Addition
NAME
STREET ADDRESS **1250 N.E. 36TH STREET**
CITY-ST-ZIP **Pompano Beach FL. 33064**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **FREDRICK CONROD President** ☒ Change ☐ Addition
NAME
STREET ADDRESS **1250 N.E. 36TH ST.**
CITY-ST-ZIP **Pompano Bch. FL. 33064**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Loretta Merwitz (LORETTA MERWITZ ST)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-04

294-782-0815

Date

Daytime Phone #