## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 23, 2005 8:00 am Secretary of State

1. Entity Nam BROOKE	MENT # N980000 HAVEN AT WATERFOR TION, INC.		OWNERS				•	03-23-2		•	30 ****6		
498 PALM SI	e of Business BOYLE MGMT PRINGS DR. #235 SPRINGS, FL 32701	PENN 498 F	Mailing Address PENN FIRST: BOYLE MGMT 498 PALM SPRINGS DR. #235 ALTAMONTE SPRINGS, FL 32701					)30271					
2. Principal P	lace of Business	3. Maili	ng Address										
Suite, Apt.	#, etc.	Suit	te, Apt. #, etc.				01042005	Chg-NP		CR2E0	37 (10/03	3)	
City & State	e	City	/ & State		`		4. FEI Numb 59-357				H	Applie Not Ap	d For oplicable
Zip	Country	Zip		Coun	ntry		5. Certificate	of Status De	esired		\$8.75 A		nal
. — —	6. Name and Address of Curr	ent Registered	d Agent				−7Name and	d Address o	f New Re	gistered	Agent	ندننت	· · · · ·
					Name	0.	1 - M1 -		- <del>-</del>	Car	1.4057	<u></u>	
498 PALM	ST-BOYLE MGMT SPRINGS DR. SUITE 235 ITE SPRINGS, FL 32701			}	Street A	ddress (i	P.O. Box Numb	nagen per is Not Aci	ceptable)	- Sevi	ncera	HAC	
				-	City					Fl	Zip C	ode	
8. The above the obligat	named entity submits this statemer ions of registered again.	nt for the purpo	ose of changing its ,	registered	d office or	r register	ed agent, or bo	oth, in the Sta	ate of Flor	ida. I am	ı familiar wi	th, and	accept
SIGNATURE.	Signature, typed or printed name of registered a	gent and title if appli	icable. (NOTE	: Registered	Agent signatu	ure required	when reinstating)		1/2	DATE			<del>-</del>
SIGNATURE	Signature, typed or printed name of registered a Filling Fee is \$61.25  Due by May 1, 2005	gent and title if appli	9. Election Cam Trust Fund C	npaign Fir	nancing	ure required	when reinstating) \$5.00 May & Added to Fees	Be		ke chec	k payable		<del></del>
10.	Filling Fee is \$61.25 Due by May 1, 2005		9. Election Carr	npaign Fir	nancing		\$5.00 May to Added to Fees	,	Florid	ke chec ta Depa	rtment of	State	
10.	Filing Fee is \$61.25		9. Election Cam Trust Fund C	npaign Fir contributio	nancing		\$5.00 May 6	,	Florid	ke chec ta Depa	rtment of	State IN 10	
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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 this steeler mowered 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 efficiency with all other like empowered.

SIGNATURE: 🛌

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/12/05 4

407 4581594

Daytime Phone #