

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 09, 2009
Secretary of State

DOCUMENT# 709348

Entity Name: HAVEN HOUSE NO. 3. INC.,A CONDOMINIUM**Current Principal Place of Business:**1250 N E 36TH STREET
POMPANO BEACH, FL 33064**New Principal Place of Business:****Current Mailing Address:**1250 N E 36TH STREET
POMPANO BEACH, FL 33064**New Mailing Address:**P.O. BOX 8290
CORAL SPRINGS, FL 33075**FEI Number:** 59-1158445**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SANTORA, BRADLEY
1250 N E 36TH STREET
105
POMPANO BEACH, FL 33064 US**Name and Address of New Registered Agent:**CUOZZO, DOROTHY
1250 N E 36TH STREET
110
POMPANO BEACH, FL 33064 US

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: DOROTHY CUOZZO

07/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: SANTORA, BRADLEY J
Address: 1250 N.E. 36TH ST. #105
City-St-Zip: POMPANO BCH., FL 33064

Title: S () Delete
Name: SPENCER, ADAM
Address: 1250 NE 36TH ST #103
City-St-Zip: POMPANO BEACH, FL 33064

Title: D () Delete
Name: DILLON, MARY JO
Address: 1250 NE 36TH ST #107
City-St-Zip: POMPANO BEACH, FL 33064

Title: P () Delete
Name: CUOZZO, DOROTHY
Address: 1250 NE 36TH STREET #110
City-St-Zip: POMPANO BEACH, FL 33064

Title: VP () Delete
Name: CONROD, ALICE
Address: 1250 NE 36TH ST #106
City-St-Zip: POMPANO BEACH, FL 33064

Title: D (X) Delete
Name: PROPATIER, JEANETTE
Address: 1250 N.E. 36TH STREET #202
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PROPATIER, JEANETTE
Address: 1250 NE 36TH ST APT 202
City-St-Zip: POMPANO BEACH, FL 33062

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: DOROTHY CUOZZO

PRES

07/09/2009

Electronic Signature of Signing Officer or Director

Date