

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722205

Entity Name: FAIRHAVEN 11 MAINTENANCE ASSOCIATION, INC.

FILED
Sep 15, 2021
Secretary of State
0967216579CC

Current Principal Place of Business:

5700 NW 84 TERRACE
TAMARAC, FL 33321

Current Mailing Address:

5700 NW 84 TERRACE
TAMARAC, FL 33321 US

FEI Number: 59-1475791

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MILBERG KLEIN PL
5550 GLADES RD
630
BOCA RATON, FL 33431 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: PAUL MILBERG

09/15/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ROSE, ARTHUR E
Address 5700 NW 84 TERRACE
City-State-Zip: TAMARAC FL 33321

Title VP, DIRECTOR
Name VILLELLA, RICARDO
Address 5700 NW 84 TERRACE
City-State-Zip: TAMARAC FL 33321

Title VP, DIRECTOR
Name BROWN, MADGE
Address 5700 NW 84 TERRACE
City-State-Zip: TAMARAC FL 33321

Title DIRECTOR
Name CASTRO, EILEEN
Address 5700 NW 84 TERRACE
City-State-Zip: TAMARAC FL 33321

Title DIRECTOR
Name MCCORMIC, RAY
Address 5700 NW 84 TERRACE
City-State-Zip: TAMARAC FL 33321

Title DIRECTOR
Name SILL, MICHAEL
Address 5700 NW 84 TERRACE
City-State-Zip: TAMARAC FL 33321

Title DIRECTOR
Name OSTERMAN, ROBERT
Address 5700 NW 84 TERRACE
City-State-Zip: TAMARAC FL 33321

Title SECRETARY, DIRECTOR
Name ARILL, EDITH
Address 5700 NW 84 TERRACE
City-State-Zip: TAMARAC FL 33321

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: ARTHUR E ROSE

PRESIDENT

09/15/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MILLER, ILIANA
Address 5700 NW 84 TERRACE
City-State-Zip: TAMARAC FL 33321

Title DIRECTOR
Name BURAWSKI, BERNARD
Address 5700 NW 84 TERRACE
City-State-Zip: TAMARAC FL 33321

Title DIRECTOR
Name TEN, MARLENE
Address 5700 NW 84 TERRACE
City-State-Zip: TAMARAC FL 33321