

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 722205

**Entity Name:** FAIRHAVEN 11 MAINTENANCE ASSOCIATION, INC.

**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

04/30/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER, DIRECTOR  
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           DIRECTOR, CHAIRMAN  
Name           CORBMAN, GAIL  
Address        5700 NW 84 TERRACE  
City-State-Zip: TAMARAC FL 33321

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

Title           PRESIDENT, 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

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*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:** RAY MCCORMIC

PRESIDENT

04/30/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name ATKINSON, CLAIRE  
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 LEBRON, ESTELA  
Address 5700 NW 84 TERRACE  
City-State-Zip: TAMARAC FL 33321