## 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 739578** 

Entity Name: NEW HAVEN CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 16, 2021
Secretary of State
0493223165CC

## **Current Principal Place of Business:**

C/O PREMIER MANAGEMENT SERVICES 495 ALTERNATE19, #1532 PALM HARBOR, FL 34682

## **Current Mailing Address:**

C/O PREMIER MANAGEMENT SERVICES PO BOX 1532 PALM HARBOR, FL 34682 US

FEI Number: 59-1755420 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ASSOCIATION ASSESSMENT ATTORNEYS, PA 111 2ND AVE. NE. SUITE 539

ST. PETERSBURG, FL 33701-2435 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: ROBERT TODD, ESQ. 03/16/2021

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title VP Title PRESIDENT

Name ALDERMAN, ED Name HOLMES, DIANE

Address C/O PREMIER MANAGEMENT Address C/O PREMIER MANAGEMENT

SERVICES SERVICES PO BOX 1532 PO BOX 1532

City-State-Zip: PALM HARBOR FL 34682 City-State-Zip: PALM HARBOR FL 34682

Title SECRETARY Title DIRECTOR

Name MINGO, LAURIE Name DIENER, MICHAEL

Address C/O PREMIER MANAGEMENT Address C/O PREMIER MANAGEMENT

SERVICES SERVICES
PO BOX 1532 PO BOX 1532

City-State-Zip: PALM HARBOR FL 34682 City-State-Zip: PALM HARBOR FL 34682

Title TREASURER
Name MAHONEY, JANET

Address C/O PREMIER MANAGEMENT

SERVICES PO BOX 1532

City-State-Zip: PALM HARBOR FL 34682

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: DIANE HOLMES PRESIDENT 03/16/2021