## **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 739578** 

Entity Name: NEW HAVEN CONDOMINIUM ASSOCIATION, INC.

FILED
Jan 27, 2023
Secretary of State
3991913671CC

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

C/O PREMIER MANAGEMENT SERVICES 495 ALTERNATE 19, #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. 01/27/2023

Electronic Signature of Registered Agent Date

Officer/Director Detail:

 Title
 TREASURER
 Title
 PRESIDENT

 Name
 PERINCIOLO, PAM
 Name
 NEHER, MIKE

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 SARCONE, DEBRA

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 VP

Name SEWELL, JAY

Address C/O PREMIER MANAGEMENT

SERVICES PO BOX 1532

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: DEBRA SARCONE DIRECTOR 01/27/2023