2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739578

Entity Name: NEW HAVEN CONDOMINIUM ASSOCIATION, INC.

FILED May 08, 2020 **Secretary of State** 7070433016CC

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. 05/08/2020

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title Title **PRESIDENT**

Name KOVESDY, JOSEPH Name PAULOVICH, PAUL

C/O PREMIER MANAGEMENT C/O PREMIER MANAGEMENT Address Address **SERVICES**

SERVICES PO BOX 1532

PO BOX 1532

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

SECRETARY Title Title DIRECTOR

KLINGLER, WENDY Name MAHONEY, JAN Name

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 HOLMES, DIANE

C/O PREMIER MANAGEMENT Address

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: JAN PAULOVICH **PRESIDENT** 05/08/2020