
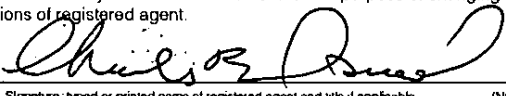
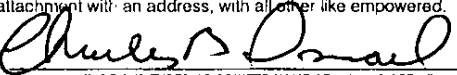


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90199 033 \*\*\*\*61.25

|  |                             |  |  |   |  |
|--|-----------------------------|--|--|---|--|
| <b>DOCUMENT # 708744</b>   |                             |  |  |                |  |
| 1. Entity Name<br>HAVEN HOUSE NO. 2 INC., A CONDOMINIUM  |                             |  |  |   |  |
| Principal Place of Business<br>1150 NORTH EAST 36TH STREET<br>112<br>POMPANO BEACH, FL 33064   |                             |  | Mailing Address<br>1150 NORTH EAST 36TH STREET<br>112<br>POMPANO BEACH, FL 33064 |   |  |
| 2. Principal Place of Business - No P.O. Box #   |                             | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.  |                             | Suite, Apt. #, etc.  |  |   |  |
| City & State   |                             | City & State   |  | 4. FEI Number<br>59-1165926   |  |
| Zip  |                             | Country  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent  |                             |  | 7. Name and Address of New Registered Agent                                      |   |  |
| ISRAEL, CHARLES<br>1150 NORTH EAST 36TH STREET<br>112<br>POMPANO BEACH, FL 33064   |                             |  | Name   |   |  |
|  |                             |  | Street Address (P.O. Box Number is Not Acceptable)                               |   |  |
|  |                             |  | City   |   |  |
|  |                             |  | FL Zip Code  |   |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.  |                             |  |  |   |  |
| SIGNATURE   |                             |  |  | DATE<br>01/18/2007  |  |
| Filing Fee is \$61.25<br>Due by May 1, 2007  |                             | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | \$5.00 May Be Added to Fees   |  |
|  |                             |  |  | Make check payable to Florida Department of State   |  |
| 10. OFFICERS AND DIRECTORS   |                             |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                            |   |  |
| TITLE  | PT                          | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition            |
| NAME   | ISRAEL, CHARLES             |  | NAME   |   |  |
| STREET ADDRESS   | 1150 NORTH EAST 36TH STREET |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | POMPANO BEACH, FL 33064     |  | CITY-ST-ZIP  |   |  |
| TITLE  | VD                          | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition            |
| NAME   | MENUCCI, IRVING             |  | NAME   |   |  |
| STREET ADDRESS   | 1150 NORTH EAST 36TH STREET |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | POMPANO BEACH, FL 33064     |  | CITY-ST-ZIP  |   |  |
| TITLE  | D                           | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition            |
| NAME   | SUHY, PAUL                  |  | NAME   |   |  |
| STREET ADDRESS   | 1150 NORTH EAST 36TH STREET |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | POMPANO BEACH, FL 33064     |  | CITY-ST-ZIP  |   |  |
| TITLE  | D                           | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition            |
| NAME   | SANDERS, DAVID              |  | NAME   |   |  |
| STREET ADDRESS   | 1150 NE 36TH ST, # 307      |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | POMPANO BEACH, FL 33064     |  | CITY-ST-ZIP  |   |  |
| TITLE  | D                           | <input checked="" type="checkbox"/> Delete                                       | TITLE  | <input type="checkbox"/> Change   | <input checked="" type="checkbox"/> Addition |
| NAME   | PAES, ALEX                  |  | NAME   | D RAY ZULLO   |  |
| STREET ADDRESS   | 1150 NORTH EAST 36TH STREET |  | STREET ADDRESS   | 1150 NE 36TH #109   |  |
| CITY-ST-ZIP  | POMPANO BEACH, FL 33064     |  | CITY-ST-ZIP  | POMPANO BEACH FL 33064  |  |
| TITLE  | S                           | <input checked="" type="checkbox"/> Delete                                       | TITLE  | S MACEZIA WILLIAMS  | <input checked="" type="checkbox"/> Addition |
| NAME   | CAULEEN, DOLAN              |  | NAME   | 1150 NE 36TH #202   |  |
| STREET ADDRESS   | 11 NE 36TH ST, # 206        |  | STREET ADDRESS   | POMPANO BEACH FL 33064  |  |
| CITY-ST-ZIP  | POMPANO BEACH, FL 33064     |  | CITY-ST-ZIP  |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                             |  |  |   |  |
| SIGNATURE:    |                             |  |  | DATE<br>01/18/2007  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                             |  |  | Daytime Phone #<br>9549434792   |  |