

2001 UNIFORM BUSINESS REPORT (UBR)*

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90043 033 ****61.25

DOCUMENT # 710208

1. Entity Name

HAVEN HOUSE NO. 5 INC. A CONDOMINIUM

Principal Place of Business

Mailing Address

1450 N.E. 36 STREET
 SUITE #105
 POMPANO BEACH FL 33064-6267
 US

1450 N.E. 36 STREET
 SUITE #105
 POMPANO BEACH FL 33064-6267
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1154780

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHOAF
~~SWOAF~~, BETTY
 1450 N.E. 36 STREET
 APT. #105
 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SHOAF, GERALD "JERRY" 1450 N.E. 36 STREET, APT. #105 POMPANO BEACH FL 33064	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHOAF, BETTY 1450 N.E. 36 STREET #105 POMPANO BEACH FL 33064	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYRNE, PEGGY 1450 NE 36 ST #207 POMPANO BEACH FL 33064-6267	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEICHT, FAYE 1450 N.E. 36 STREET 301 POMPANO BEACH FL 33064	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VF WILLIAM GUTMANN 1450 N.E. 36 ST #201 POMPANO BEACH, FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELEANOR GUTMANN 1450 N.E. 36 ST #201 POMPANO BEACH, FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VICKY VALENTINE 1450 N.E. 36 ST #204 POMPANO BEACH, FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 017, 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: *SECRETREAS* **SIGNATURE REQUIRED** *Gerald Shoaf* **GERALD SHOAF** 4-11-01 (954) 941-5625
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime/Phone #

CR2E037 (10/00)