

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90042 005 \*\*\*\*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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number	Applied For
				59-1154780	Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWOAF, BETTY  
 1450 N.E. 36 STREET  
 APT. #105  
 POMPANO BEACH FL 33064

Name **ROBERT MATTALINE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1450 NE 36th St. # 206**  
 City **POMPANO BEACH FL** Zip Code **33064**

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 **ROBERT C. MATTALINE** *[Signature]* DATE **4-4-02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

**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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. ROBERT MATTALINE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1450 N.E. 36th St. # 206 POMPANO BEACH, FL. 33064
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	S/T Betty SHOAF <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1450 N.E. 36th St. #105 POMPANO BEACH, FL. 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUTMANN, WILLIAM 1450 NE 36 ST # 201 POMPANO BEACH FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. SIDNEY BARFIELD <input type="checkbox"/> Change <input type="checkbox"/> Addition 1450 N.E. 36th St #201 POMPANO BEACH, FL. 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTMANN, ELEANOR 1450 NE 36 ST # 201 POMPANO BEACH FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELORES HADDEN <input type="checkbox"/> Change <input type="checkbox"/> Addition 1450 NE. 36th St # 306 PompANO BEACH, FL. 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALENTINE, VICKY 1450 NE 36 ST # 201 POMPANO BEACH FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORTENSIA PRESNO <input type="checkbox"/> Change <input type="checkbox"/> Addition 1450 N.E. 36th St. # 205 POMPANO BEACH, FL. 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: **Betty Shoaf** *[Signature]* DATE **4-4-02** **954-941-5625**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE037 (9/01)