

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90029 043 ****61.25

DOCUMENT # 710208

1. Entity Name

HAVEN HOUSE NO. 5 INC. A CONDOMINIUM



Principal Place of Business 1450 N.E. 36 STREET # 102 POMPANO BEACH FL 33064-6267 US	Mailing Address 1450 N.E. 36 STREET # 102 POMPANO BEACH FL 33064-6267 US
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2. Principal Place of Business Suite, Apt. #, etc. #309	3. Mailing Address Suite, Apt. #, etc. #309
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE CR2E037 (10/04)

4. FEI Number 59-1154780	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MUNROE, NANCY 1450 N.E. 36 STREET # 102 POMPANO BEACH FL 33064	7. Name and Address of New Registered Agent Name Tenley, Bonni Street Address (P.O. Box Number is Not Acceptable) 1450 NE 36 th St. #309 City Pompano Beach FL Zip Code 33064-6270
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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 Bonni Tenley Bonni Tenley Sec./Tres. DATE 3-18-05
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 Due By May 1, 2005	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTALINE, ROBERT 1450 NE 36TH ST #206 POMPANO BEACH FL 33064 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALENTINE, Victoria 1450 NE 36 th St. #204 Pompano Bch, Fl. 33064-6270 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JIMISON, TONI K 1450 N.E. 36TH ST #107 POMPANO BEACH FL 33064 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NORDLUND, Marie 1450 NE 36 th St. #311 Pompano Bch, Fl. 33064-6270 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EPSTEIN, RANDALL 1450 N.E. 36TH ST #203 POMPANO BEACH FL 33064 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Tenley, Bonni 1450 N.E. 36 th St #309 Pompano Bch, Fl. 33064-6270 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHOAF, BETTY 1450 NE 36TH ST 3 105 POMPANO BEACH FL 33064 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Presno, Hortensia 1450 NE 36 th St. #205 Pompano Bch, Fl. 33064-6270 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MUNROE, NANCY 1450 E SAMPLE RD #102 POMPANO BEACH FL 33064 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bulla, Daisy 1450 NE 36 th St. #308 Pompano Bch, Fl. 33064-6270 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Bonni Tenley Bonni Tenley DATE 3-18-05 (954) 783-0958
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #