

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 19, 2006 8:00 am
Secretary of State

05-19-2006 90024 031 ****61.25

DOCUMENT # 714908

1. Entity Name
HARBOR HAVEN INC., A CONDOMINIUM



Principal Place of Business
**95 N BIRCH ROAD
FT LAUDERDALE, FL 33304**

Mailing Address
**95 N BIRCH ROAD
FT LAUDERDALE, FL 33304**

DO NOT WRITE IN THIS SPACE



01132006 No Chg-NP CR2E037 (11/05)

| | |
|---|-------------------------------|
| 4. FEI Number 59-1310561 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**HARBOR HAVEN, INC.
95 N. BIRCH RD
FT. LAUDERDALE, FL 33304**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HELPER, EILEEN 95 N. BIRCH RD., APT. 605 FORT LAUDERDALE, FL 33304 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MCKAY PERRY CLOSE, JONATHAN 95 N. BIRCH RD., APT. 504 FORT LAUDERDALE, FL 33304 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD SZEGNER, EMIL 95 N. BIRCH RD., APT. 705 FORT LAUDERDALE, FL 33304 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AV BRINKMAN, ROY 95 NO BIRCH ROAD STE 804 FT LAUDERDALE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

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:

Eileen Helper President - Eileen Helper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/06 761-7241
Date Daytime Phone #