

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90117 042 ****61.25

DOCUMENT # 722205

1. Entity Name

FAIRHAVEN 11 MAINTENANCE ASSOCIATION, INC.



Principal Place of Business

5700 NW 84 TERRACE
TAMARAC FL 33321

Mailing Address

5700 NW 84 TERRACE
TAMARAC FL 33321



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2EQ37 (10/07)

4. FEI Number
59-1475791

Applied For

Not Applicable

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

HARRISON, JEAN
5804 NW 81ST AVENUE
TAMARAC FL 33321

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

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

(NOTE: Registered Agent signature is required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 : P ☐ Delete
NAME : PETARDI, ELEANOR
STREET ADDRESS : 8200 NW 58TH STREET
CITY- ST- ZIP : TAMARAC FL 33321

TITLE : ☐ Change ☐ Addition
NAME :
STREET ADDRESS :
CITY- ST- ZIP :

TITLE : V ☐ Delete
NAME : KARLIN, ADELE
STREET ADDRESS : 5800 NW 84TH TERRACE
CITY- ST- ZIP : TAMARAC FL 33321

TITLE : ☐ Change ☐ Addition
NAME :
STREET ADDRESS :
CITY- ST- ZIP :

TITLE : T ☐ Delete
NAME : HARRISON, JEAN
STREET ADDRESS : 5804 NW 81ST AVENUE
CITY- ST- ZIP : TAMARAC FL 33321

TITLE : ☐ Change ☐ Addition
NAME :
STREET ADDRESS :
CITY- ST- ZIP :

TITLE : D ☒ Delete
NAME : SMITH, CLARICE
STREET ADDRESS : 8210 NW 58TH CT
CITY- ST- ZIP : TAMARAC FL 33321

TITLE : ☐ Change ☒ Addition
NAME : D JIM GILBERT
STREET ADDRESS : 8111 NW 58 CT
CITY- ST- ZIP : TAMARAC, FL 33321

TITLE : D ☐ Delete
NAME : TAYLOR, JACQUELINE
STREET ADDRESS : 5720 NW 81ST AVE
CITY- ST- ZIP : TAMARAC FL 33321

TITLE : ☐ Change ☐ Addition
NAME :
STREET ADDRESS :
CITY- ST- ZIP :

TITLE : S ☒ Delete
NAME : ROSE, ARTHUR
STREET ADDRESS : 8301 NW 57TH CT
CITY- ST- ZIP : TAMARAC FL 33321

TITLE : ☐ Change ☒ Addition
NAME : STULIANA MODZELEWSKI
STREET ADDRESS : 5806 NW 82ND AVE
CITY- ST- ZIP : TAMARAC, FL 33321

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

JEAN HARRISON, Treasurer 4/10/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #