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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 722223

1. Corporation Name
GREEN HAVEN 12 MAINTENANCE CO., INC.

Principal Place of Business	Mailing Address
8500 N.W. 57TH CT. TAMARAC FL 33321	8500 N.W. 57TH CT. TAMARAC FL 33321

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	12/07/1971
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1445157 ☐ Applied For ☐ Not
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SCHNAITMAN, TRACEY S
V.I.P. MGMT CORP
2531 ARAGON BLVD
SUNRISE FL 33322

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. *Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its* office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0502, Florida Statutes.

SIGNATURE Tracey S Schnaitman Mgr 1/11/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☐ Change
NAME	CASALE, ANTHONY		1.2 NAME	Rosenfeld, Curt	
STREET ADDRESS	8516 NW 57 COURT		1.3 STREET ADDRESS	8511 NW 57 Ct	
CITY-ST-ZIP	TAMARAC, FL 00000		1.4 CITY-ST-ZIP	Tamarac FL 33321	
TITLE	DV	☒ DELETE	2.1 TITLE	VP	☐ Change
NAME	DEYONKER, JOSEPH		2.2 NAME	FANGARA JOHN	
STREET ADDRESS	5725 NW 86 TERRACE		2.3 STREET ADDRESS	5804 NW 87th Terr	
CITY-ST-ZIP	TAMARAC, FL 00000		2.4 CITY-ST-ZIP	TAMARAC FL 3332	
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☐ Change
NAME	THOMPSON, GLORIA		3.2 NAME	GEORGE WILLIAM	
STREET ADDRESS	8518 NW 57TH CT		3.3 STREET ADDRESS	5801 NW 86 th Terr	
CITY-ST-ZIP	TAMARAC FL		3.4 CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☐ Change
NAME	DANEK, DON		4. 2 NAME	GROSSMAN BEA	
STREET ADDRESS	5713 NW 85TH TERR		4.3 STREET ADDRESS	5718 NW 85th AVE	
CITY-ST-ZIP	TAMARAC FL		4.4 CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐
NAME	COWHEAD, JOHN		5.2 NAME	COWHERD JOAN	
STREET ADDRESS	5704 NW 85TH AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change
NAME	RICHMOND, WALTER		6.2 NAME	BADILO PAUL	
STREET ADDRESS	5715 NW 84TH TERRACE		6.3 STREET ADDRESS	1707 NW 87th Ave	
CITY-ST-ZIP	TAMARAC FL 33321		6.4 CITY-ST-ZIP	TAMARAC FL 33321	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED JAN 5th 1999 954 Fax-614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #