

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722223

FILED  
Jan 28, 2008  
Secretary of State

Entity Name: GREEN HAVEN 12 MAINTENANCE CO., INC.

**Current Principal Place of Business:**

8500 N.W. 57TH CT.  
TAMARAC, FL 33321

**New Principal Place of Business:**

**Current Mailing Address:**

8500 N.W. 57TH CT.  
TAMARAC, FL 33321

**New Mailing Address:**

FEI Number: 59-1445157      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LICATA, ANTHONY J  
Address: 5808 NW 85 TR  
City-St-Zip: TAMARAC, FL 33321

Title: SD ( ) Delete  
Name: JUNGQUIST, DELIA  
Address: 8522 NW 57 CT  
City-St-Zip: TAMARAC, FL 33321

Title: TD ( ) Delete  
Name: SCHLESSER, PETER  
Address: 5715 NW 86 AVE  
City-St-Zip: TAMARAC, FL 33321

Title: D ( ) Delete  
Name: BADILO, PAUL  
Address: 5707 NW 87TH AVE.  
City-St-Zip: TAMARAC, FL 33321

Title: VP ( ) Delete  
Name: BRILLIANT, ROBERT  
Address: 8519 NW 58 PL  
City-St-Zip: TAMARAC, FL 33321

Title: D ( ) Delete  
Name: COWHERD, JOHN  
Address: 5704 NW 85 AVE  
City-St-Zip: TAMARAC, FL 33321

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: LICATA, ANTHONY J  
Address: 5802 NW 85 TR  
City-St-Zip: TAMARAC, FL 33321

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY J. LICATA

PRES

01/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date