

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 FEB 14 PM 2:31

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 722459 (5)

1. Corporation Name

PALM HAVEN TOWERS CONDOMINIUM, INC.

Principal Place of Business Mailing Address
1912 MONROE ST. HOLLYWOOD FL 33020
1912 MONROE ST. HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/17/1972	3a. Date of Last Report 02/03/1994
4. FEI Number 59-1534651	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**CAMPBELL, IRMINTRAUD
1912 MONROE ST., #302
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reconstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	CAMPBELL, IRMINTRAUD
STREET ADDRESS	1912 MONROE ST., #302
CITY-ST-ZIP	HOLLYWOOD FL 33020
TITLE	SD
NAME	SCHAEFFER, ANNE
STREET ADDRESS	1912 MONROE ST., #303
CITY-ST-ZIP	HOLLYWOOD FL 33020
TITLE	OF
NAME	MARQUE, ROSAIRE ROSAIRE MARQUIS
STREET ADDRESS	1912 MONROE ST., #207
CITY-ST-ZIP	HOLLYWOOD FL 33020
TITLE	SECRETARY
NAME	DOT GODUN
STREET ADDRESS	1912 MONROE STREET UNIT
CITY-ST-ZIP	HOLLYWOOD FL 33020
TITLE	VICE PRESIDENT
NAME	GEORGE GLOVER
STREET ADDRESS	1912 MONROE STREET UNIT 303
CITY-ST-ZIP	HOLLYWOOD FL 33020

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	George Bonos	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		1912 Monroe St., #207	
1.3 STREET ADDRESS		Hollywood, Florida 33020	
1.4 CITY-ST-ZIP			
2.1 TITLE	D	Christopher Norway #205	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		1912 Monroe St.	
2.3 STREET ADDRESS		Hollywood Florida 33020	
2.4 CITY-ST-ZIP			
3.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(4), 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 in person; 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.

SIGNATURE: *Sandra B. Northam* Date: **95-305-920-0414**