

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90157 018 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # 722459
 1. Entity Name
PALM HAVEN TOWERS CONDOMINIUM, INC.

Principal Place of Business Mailing Address
1912 MONROE ST. **1912 MONROE ST.**
HOLLYWOOD FL 33020 **HOLLYWOOD FL 33020-5086**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-1534651 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GODUN, DOT
1912 MONROE ST 205
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent
 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.

SIGNATURE: *Dorothy B. Godun (Dot)* DATE: *Jan 14, 2000*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	SD <input checked="" type="checkbox"/> Delete
NAME	WHITMOYER, CINDY
STREET ADDRESS	1912 MONROE ST 203
CITY-ST-ZIP	HOLLYWOOD FL 33020
TITLE	PD <input type="checkbox"/> Delete
NAME	TITUS, RUTH
STREET ADDRESS	1912 MONROE STREET, # 406
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	D <input type="checkbox"/> Delete
NAME	BONOS, THADIA
STREET ADDRESS	1912 MONROE ST 201
CITY-ST-ZIP	HOLLYWOOD FL 33020
TITLE	TD and Vice President <input type="checkbox"/> Delete
NAME	GODUN, DOT
STREET ADDRESS	1912 MONROE STREET, # 205
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	VD <input checked="" type="checkbox"/> Delete
NAME	BERTRAM, MELVIN
STREET ADDRESS	1912 MONROE STREET, # 404
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Danielle Acosta
STREET ADDRESS	1912 Monroe St. 302
CITY-ST-ZIP	Hollywood Fl. 33020
TITLE	Bond <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Andreau
STREET ADDRESS	1912 Monroe Apt 307
CITY-ST-ZIP	Hollywood Fl. 33020
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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: *Dorothy B. Godun* Date: *January 14 2000* Daytime Phone #: *954 921-1200*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)