

(R)

DOCUMENT # 722856

1. Entity Name

GREEN HAVEN SECTION 12 CIVIC ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

8500 N.W. 57TH CT.
TAMARAC FL 33321-4408

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

23-7398853

Applied For

Not Applied For

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

TABACK, BERNARD
5725 NW 85TH TERRACE
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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	CASALE, ANTHONY	
STREET ADDRESS	8516 NW 57 COURT	
CITY-ST-ZIP	TAMARAC FL 33321	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DEYONKER, MARIE	
STREET ADDRESS	5725 NW 86 TERR	
CITY-ST-ZIP	TAMARAC FL 33321	

TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CANGEM, VIVIAN	
STREET ADDRESS	5705 NW 87 AVE	
CITY-ST-ZIP	TAMARAC FL 33321	

TITLE	D	<input type="checkbox"/> Delete
NAME	SUTTON, EDITH	
STREET ADDRESS	5718 NW 86 TERR	
CITY-ST-ZIP	TAMARAC FL 33321	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Delete
NAME	ROSEFELO, CURT	
STREET ADDRESS	8511 NW 57 CT	
CITY-ST-ZIP	TAMARAC FL 33321	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Delete
NAME	THOMPSON, GLORIA	
STREET ADDRESS	8518 NW 57 COURT	
CITY-ST-ZIP	TAMARAC FL 33321	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	BLANE, DAVID	
STREET ADDRESS	8606 57 PLACE	
CITY-ST-ZIP	TAMARAC FL	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 31, 2000 8:00 am
Secretary of State

01-18-2000 90043 029 *****8.75

03-31-2000 90102 014 *****52.50



DO NOT WRITE IN THIS SPACE