2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

Feb 20, 2002 8:00 am § DOCUMENT # **722856 Secretary of State** Entity Name GREEN HAVEN SECTION 12 CIVIC ASSOCIATION, INC. 02-20-2002 90143 008 ****61.25 rincipal Place of Business Mailing Address 500 N.W. 57TH CT. 8500 N.W. 57TH CT. AMARAC FL 33321 TAMARAC FL 33321 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ____DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 23-7398853 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. 7.. Name and Address of New Registered Agent Name THOMPSON, GLORIA Street Address (P.O. Box Number is Not Acceptable) 9518 N.W. 57TH CT. TAMARAC FL 33321 Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ÎLE ☐ Delete TITLE □ Change ☐ Addition GEMI, VIVIAN C ME NAME **5705 NW 67 AVENUE** REET ADDRESS STREET ADDRESS TAMARAC FL 33321 TY-ST-ZIP CITY-ST-ZIP İLΕ ☐ Delete TITLE ☐ Addition Change TABACK, BERNARD ME NAME 5725 N.W. 85 TERRACE REET ADDRESS STREET ADDRESS TAMARAC FL 33321 Y-ST-ZIP CITY-ST-ZIP LE TITLE: Change ☐ Delete ☐ Addition ROBERT, NANCY ME NAME 8507 NW 57 PLACE REET ADDRESS STREET ADDRESS Y-ST-ZIP Tamarac FL 33321 CiTY-ST-7IP ÌΕ ☐ Delete TITLE ☐ Change ☐ Addition ROSENFELO, CURT NAME 8511 NW 57 CT REET ADDRESS STREET ADDRESS Y-ST-ZIP TAMARAC FL 33321 CITY-ST-ZIP ☐ Delete Change ☐ Addition THOMPSON, GLORIA ME NAME 8518 NW 57 COURT REET ADDRESS STREET ADDRESS Y-ST-ZIP TAMARAC FL 33321 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition BLANE, DAVID ME NAME 8606 57 PLACE REET ADDRESS STREET ADDRESS TAMARAC FL Y-ST-ZIP CITY-ST-ZIP 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

FILED

2/01/02 954-720-0684 Date Date Dayline Phone #