

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90049 028 ****61.25

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**

50055915



2. Principal Place of Business

Spm 15
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05162005

Chg-NP

CR2E037 (10/03)

4. FEI Number
23-7398853

Applied For
Not Applicable

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

**THOMPSON, GLORIA
8518 N.W. 57TH CT.
TAMARAC, FL 33321**

**PERSICO, IRENE
8603 NW 58 PL
TAMARAC, FL 33321**

Name: **IRENE PERSICO**
Street Address (P.O. Box Number is Not Acceptable):
8603 NW 58 PL

City: **TAMARAC** FL Zip Code: **33321**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Irene Persico

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/13/05

**Filing Fee is \$61.25
Due by September 7, 2005.**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ~~D~~
NAME: ~~CANIEMI, VIVIAN C~~
STREET ADDRESS: ~~5705 NW 67 AVENUE~~
CITY-ST-ZIP: ~~TAMARAC, FL 33321~~ ☒ Delete

TITLE: ~~D~~
NAME: ~~TABACK, BERNARD~~
STREET ADDRESS: ~~5725 N.W. 85 TERRACE~~
CITY-ST-ZIP: ~~TAMARAC, FL 33321~~ ☐ Delete

TITLE: ~~ST J~~
NAME: ~~ROBERT, NANCY~~
STREET ADDRESS: ~~8507 NW 57 PLACE~~
CITY-ST-ZIP: ~~TAMARAC, FL 33321~~ ☐ Delete

TITLE: ~~V~~
NAME: ~~PERSICO, IRENE~~
STREET ADDRESS: ~~8603 NW 58TH PLACE~~
CITY-ST-ZIP: ~~TAMARAC, FL 33321~~ ☒ Delete

TITLE: ~~R~~
NAME: ~~THOMPSON, GLORIA~~
STREET ADDRESS: ~~8518 NW 57 COURT~~
CITY-ST-ZIP: ~~TAMARAC, FL 33321~~ ☒ Delete

TITLE: ~~X~~
NAME: ~~SWEET, DIANE~~
STREET ADDRESS: ~~8611 NW 57TH COURT~~
CITY-ST-ZIP: ~~TAMARAC, FL 33321~~ ☐ Delete

TITLE: ☐ Change ☐ Addition

NAME: ☐ Change ☐ Addition

STREET ADDRESS: ☐ Change ☐ Addition

CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition

NAME: ☐ Change ☐ Addition

STREET ADDRESS: ☐ Change ☐ Addition

CITY-ST-ZIP: ☐ Change ☐ Addition

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:

Nancy J. Robert **NANCY J. ROBERT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

7/13/05 957-726-2037