2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#722856

FILED Apr 18, 2009 Secretary of State

Entity Name: GREEN HAVEN SECTION 12 CIVIC ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 8500 N.W. 57TH CT. TAMARAC, FL 33321 **Current Mailing Address: New Mailing Address:** 8500 N.W. 57TH CT TAMARAC, FL 33321 FEI Number: 23-7398853 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PERSICO, IRENE LEGER, IRMONE 8603 NW 58 PL 5806 NW 87 TERR TAMARAC, FL 33321 TAMARAC, FL 33321 US US 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: IRMONE LEGER 04/18/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BJORNSON, EDITH Name: Name: 5703 NW 84 TERR Address: Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: Title: Title: () Delete () Change () Addition VALINSKI, ELLEN Name: Name: Address: 8712 NW 58 ST Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: Title: () Delete Title: (X) Change () Addition MASSA, PAUL Name: HARALA, NANCY Name: 5806 NW 86 AVE 8514 NW 57 PL Address: Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: TAMARAC, FL 33321 Title: () Delete Title: (X) Change () Addition Name: PERSICO, IRENE Name: LEDGER, IRMONE 5806 NW 87 TERR Address: 8603 NW 58 PL Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: TAMARAC, FL 33321 Title: () Delete Title: () Change () Addition LICATA, BARBARA Name: Name: 5802 NW 85TH TERRACE Address: Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: Title: () Delete Title: () Change () Addition BRILLIANT, ROBERTA Name: Name: Address: 8519 NW 58 PLACE Address: TAMARAC, FL 33321 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRMONE LEGER PRES 04/18/2009