

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739578

FILED
Apr 02, 2009
Secretary of State

Entity Name: NEW HAVEN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1500 NEW HAVEN DR.
LARGO, FL 33771 US

New Principal Place of Business:

Current Mailing Address:

C/O SUNCOAST PROPERTY SERVICES
PO BOX 1624
PALM HARBOR, FL 33682

New Mailing Address:

FEI Number: 59-1755420

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLATNER, RAYMOND
1501 12 CIRCLE SE
LARGO, FL 33771 US

Name and Address of New Registered Agent:

SPRIGGS, DOROTHY
2821 A SHERBROOKE LN
PALM HARBOR, FL 34684 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: DOROTHY SPRIGGS

04/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BLATNER, RAYMOND
Address: 1501 12 CIRCLE ST.
City-St-Zip: LARGO, FL 33771

Title: D () Delete
Name: SINOPOLI, JOSEPH
Address: 1211 14 CIRCLE SE
City-St-Zip: LARGO, FL 33771

Title: D () Delete
Name: KOVESDY, JOSEPH
Address: 1217 14 CIR SE
City-St-Zip: LARGO, FL 33771

Title: D () Delete
Name: FRYER, A
Address: 1206 16 CIRCLE SE
City-St-Zip: LARGO, FL 33771

Title: D () Delete
Name: CAFFERTY, ANITA
Address: 1201 16 CIR SE
City-St-Zip: LARGO, FL 33771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: BEIRNE, JOE TREA
Address: 1302 13TH CIRCLE SE
City-St-Zip: LARGO, FL 33771

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: DOROTHY SPRIGGS

AGT

04/02/2009

Electronic Signature of Signing Officer or Director

Date