2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT #749720** 03 MAY 29 AM 9:47 1. Entity Name HAVERHILL GARDENS CONDOMINIUM ASSOCIATION, INC. ECRETARY OF STATE LLAHASSEE, FLORIDA Principal Place of Business Mailing Address 120 SPARROW DRIVE, #108 ROYAL PALM BEACH, FL 33411 2. Principal Place of Business 101 MOU CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For Beac Not Applicable \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent of New Registered Agent DEUTCH, JEFF 7777 GLADES ROAD, #300 BOCA RATON, FL 33434 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 the obligations of registered agent. 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW FEE IS \$61.25 Trust Fund Contribution. Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 President Director PTSD TITLE Delete TALE Change Joseph I. carsuto HULSE, DON NAME NAME izo spamou STREET ADDRESS 2919-E N. MILITARY TRAIL, #360 STREET ADDRESS WEST PALM BEACH, FL 33409 CITY-ST-ZP CITY-ST-ZIP Delete 1ITLE 1016 VINER, CLIFFORD NAME NAME Sparrow STREET ADDRESS 2919-E N. MILITARY TRAIL, #360 STREET ADDRESS WEST PALM BEACH, FL 33409 CITY-ST-2P CITY-ST-21P ASD Delete TITLE TITLE ☐ Change ☐ Addition NAME GENTRY, DEBORAH NAME 7777 W. GLADES ROAD, STE. 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZP BOCA RATON, FL 33434 CITY-ST-2IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TOLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST. 7IP TITLE Delete ☐ Change ☐ Addition TOLE HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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