2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT #763559 07-11-2008 90015 001 ****61.25 BAY HAVEN CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 389 SW 35TH ST 387 SW 35 ST PALM CITY, FL 34990 PALM CITY, FL 34990 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 389 S.W. 35th Street Suite, Apt. #, etc. Suite, Apt. #, etc. 07092008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 59-2321317 Applied For Palm City, FL Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 34990 US Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Nancy Flynn BRADFORD, DEBORAH Street Address (P.O. Box Number is Not Acceptable) 389 S.W. 35th Street 387 SW 35 ST PALM CITY, FL 34990 City FL Palm City 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. Secretary/Treasurer Nancy Flynn July 9, 2008 SIGNATURE red accent and title if applicable DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by September 12, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE Delete TITLE ☐ Change ☐ Addition STASIO, JOSEPH MAME HULE 387 SW 35TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM CITY, FL CITY-ST-7P TITLE ☐ October MILE ☐ Change ■ Addition HABERSAT, RICHARD 391 SW 35 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM CITY, FL 34990 CITY-ST-ZP TITLE STD ☐ Delete STD TILE K Change ☐ Addition BRADFORD, DEBORAH MAME MALE FLYNN, NANCY STREET ADORESS 393 SW 35 ST STREET ADDRESS 389 S.W. 35th STREET PALM CITY, FL 34990 CITY-ST-ZIP CITY-ST-7IP PALM CITY, FL 34990 TITLE ☐ Defete ппе Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE ☐ Delete TITLE ☐ Chance ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this fiting does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under eath; 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 th all other like empow changed, or on an atta

Nancy Flynn

FILED

Jul 11, 2008 8:00 am

July 9, 2008 (772) 283-6151

Daytime Phone #