

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763559

FILED  
Jan 28, 2009  
Secretary of State

**Entity Name:** BAY HAVEN CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

389 SW 35TH ST  
PALM CITY, FL 34990

**New Principal Place of Business:**

**Current Mailing Address:**

389 S.W. 35TH STREET  
PALM CITY, FL 34990 US

**New Mailing Address:**

P. O. BOX 845  
PALM CITY, FL 34991 US

**FEI Number:** 59-2321317

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRADFORD, DEBORAH  
389 S.W. 35TH STREET  
PALM CITY, FL 34990 US

**Name and Address of New Registered Agent:**

FLYNN, NANCY  
389 S.W. 35TH STREET  
PALM CITY, FL 34990 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: NANCY FLYNN

01/28/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: STASIO, JOSEPH  
Address: 387 SW 35TH ST.  
City-St-Zip: PALM CITY, FL

Title: VD ( ) Delete  
Name: HABERSAT, RICHARD  
Address: 391 SW 35 ST  
City-St-Zip: PALM CITY, FL 34990

Title: STD ( ) Delete  
Name: FLYNN, NANCY  
Address: 389 S.W. 35TH STREET  
City-St-Zip: PALM CITY, FL 34990

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: NANCY FLYNN

STD

01/28/2009

Electronic Signature of Signing Officer or Director

Date