FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 10 PM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 766618 (3)

1. Corporation Name
NEW HAVEN CONDOMINIUM II ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% CONDOMINIUM MANAGEMENT GROUP INC. 4554 CENTRAL AVENUE, SUITE M ST.PETERSBURG FL 09711 UG-	% CONDOMINIUM MANAGEMENT GROUP INC. 4554 CENTRAL AVENUE, SUITE M ST.PETERSBURG FL 09711 UG-

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/20/1983
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-2289042 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1700 66th St. North	26 P.O. Box 47068
Suite, Apt. #, etc. 22 #207	Suite, Apt. #, etc. 27
City & State 23 St. Petersburg, Florida	City & State 28 St. Petersburg, Florida
Zip / Country 24 33743-7068 25 U.S.	Zip / Country 29 33743-7068 30 U.S.

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ZACUR, RICHARD 5200 CENTRAL AVENUE ST. PETERSBURG FL 33711	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	~~KERKMAN, FARRIS~~	1.2 NAME	Dickenson, Jeanette
STREET ADDRESS	~~1105 9TH CIR SE~~	1.3 STREET ADDRESS	1400 New Haven Way #217
CITY-ST-ZIP	~~LARGO FL~~	1.4 CITY-ST-ZIP	Largo, FL 34641
TITLE	VD	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	~~WIESEHAN, HARRY~~	2.2 NAME	Strykowski, Fran
STREET ADDRESS	~~1210 10TH CIRCLE SE~~	2.3 STREET ADDRESS	1400 New Haven Way #177
CITY-ST-ZIP	~~LARGO FL~~	2.4 CITY-ST-ZIP	Largo, FL 34641
TITLE	S	3.1 TITLE	S ☒ Change ☐ Addition
NAME	~~POWELL, ANN~~	3.2 NAME	Conti, Eleanor
STREET ADDRESS	~~1121 9TH CIR SE~~	3.3 STREET ADDRESS	1400 New Haven Way #218
CITY-ST-ZIP	~~LARGO FL~~	3.4 CITY-ST-ZIP	Largo, FL 34641
TITLE	T	4.1 TITLE	T ☒ Change ☐ Addition
NAME	~~MARKS, WALTER~~	4.2 NAME	Ramunno, Lucy
STREET ADDRESS	~~1010 10TH CIR SE~~	4.3 STREET ADDRESS	1400 New Haven Way #197
CITY-ST-ZIP	~~LARGO FL~~	4.4 CITY-ST-ZIP	Largo, FL 34641
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	~~DICKINSON, JEANETTE~~	5.2 NAME	Powell, Allan
STREET ADDRESS	~~1213 9TH CIR SE~~	5.3 STREET ADDRESS	1400 New Haven Way #192
CITY-ST-ZIP	~~LARGO FL~~	5.4 CITY-ST-ZIP	Largo, FL 34641
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Jeanette Dickinson — 3/6/95 — 813/381-1717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014733