

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 766618 (3)

1. Corporation Name

NEW HAVEN CONDOMINIUM II ASSOCIATION, INC.



Principal Place of Business

Mailing Address

% CONDOMINIUM MANAGEMENT GROUP INC.
1700 66TH ST. NORTH #207
ST. PETERSBURG FL 33743-7068
US

% CONDOMINIUM MANAGEMENT GROUP INC.
P.O. BOX 47068
ST. PETERSBURG FL 33743-7068
US

3. Date Incorporated or Qualified
01/20/1983

3a. Date of Last Report
03/10/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-2289042

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE
NAME **DICKENSON, JEANETTE**
STREET ADDRESS **1400 NEW HAVEN WAY #217**
CITY-ST-ZIP **LARGO FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **DICKENSON, JEANETTE**
1.3 STREET ADDRESS **1213 9TH CIRCLE SE, #217**
1.4 CITY-ST-ZIP **LARGO, FL 34641**

TITLE **VD** ☒ DELETE
NAME **STRYKOWSKI, FRAN**
STREET ADDRESS **1400 NEW HAVEN WAY #177**
CITY-ST-ZIP **LARGO FL**

2.1 TITLE **VPD** ☒ Change ☐ Addition
2.2 NAME **CONTI, ELEANORE**
2.3 STREET ADDRESS **1215 9TH CIRCLE SE., #218**
2.4 CITY-ST-ZIP **LARGO, FL 34641**

TITLE **S** ☒ DELETE
NAME **CONTI, ELEANOR**
STREET ADDRESS **1400 NEW HAVEN WAY #218**
CITY-ST-ZIP **LARGO FL**

3.1 TITLE **SD** ☒ Change ☐ Addition
3.2 NAME **STRYKOWSKI, FRAN**
3.3 STREET ADDRESS **1013 10TH CIRCLE SE., #177**
3.4 CITY-ST-ZIP **LARGO, FL 34641**

TITLE **T** ☒ DELETE
NAME **RAMUNNO, LUCY**
STREET ADDRESS **1400 NEW HAVEN WAY #197**
CITY-ST-ZIP **LARGO FL**

4.1 TITLE **TD** ☒ Change ☐ Addition
4.2 NAME **RAMUNNO, LUCY**
4.3 STREET ADDRESS **1111 9TH CIRCLE SE., #197**
4.4 CITY-ST-ZIP **LARGO, FL 34641**

TITLE **D** ☒ DELETE
NAME **POWELL, ALLAN**
STREET ADDRESS **1400 NEW HAVEN WAY #192**
CITY-ST-ZIP **LARGO FL**

5.1 TITLE **D** ☒ Change ☐ Addition
5.2 NAME **LAWSON, SANDRA**
5.3 STREET ADDRESS **1203 9TH CIRCLE SE., #212**
5.4 CITY-ST-ZIP **LARGO, FL 34641**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/96

Date (813) 585-5212
Daytime Phone #

CR2E037 (12/95)