## **FILED UNIFORM BUSINESS REPORT (UBR)** May 27, 2002 8:00 am Secretary of State DOCUMENT # 76668 05-27-2002 90445 006 \*\*\*\*61.25 New HavenII Condoninium Assoc., Inc. DO NOT WRITE IN THIS SPACE 2. Principal Place of Buşiness Mailing Address 1204-1019-104 Cir OKESource Management Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 3 Cleveland Ave. Sw City & State FEI Number Applied For 59-2289042 Not Applicable \$8.75 Additional 337<u>7</u> 5. Certificate of Status Desired inellas Minellas Fee Required Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Namber is Not Acceptable) KES OUTCE FORESTY Managemen IN THIS SPACE Zip Code 33770 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be initial or Amended UBR Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS TITLE nne Helen Wesehan 1216-10th Cir. SE NAME KALE. STREET ADORESS STREET ADDRESS Lourgo, FL 33771 CITY-ST-ZIP CEV ST 20P TITLE MME Carol Bates NAME na e 1204-10th Cir.SE STREET ADDRESS STREET ADDRESS Largo, A-33771 CITY-ST-ZIP CITY ST 219 TITLE Hite Sandra Raz Smith NAME 1416 STREET ADDRESS 1119.944 Cir. SE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP Largo, FL 33771 CEV ST-219 TITLE HILE IN THIS SPACE Joan Algar NAME TOOM - 1144 Cir .SE STREET ADDRESS STREET ADDRESS Largo, FL 33771 CITY-ST-ZIP CRY-SI ZIP $\Pi\Pi F$ ME Gloria Zibilich NAME 1019-1044 Cir. SE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Largo, Ph 33271 CPV-SI DP mu

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 attachment with an address, with all other like empowered.

NAME

STREET ADDRESS CITY ST-2IP

CICKIATIEDE

NAME

STREET ADDRESS

Helen m Vieschan

727 581-2662