

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766618

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



Principal Place of Business

1204-1019 10TH CIR SE
LARGO FL 33771
US

Mailing Address

C/O RESOURCE MANAGEMENT
103 CLEVELAND AVE SW
LARGO FL 33770
US

2. Principal Place of Business

3. Mailing Address

Resource Mgt
7300 Park St.
Suite, Apt. #, etc.
Seminole, FL

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33777

USA

6. Name and Address of Current Registered Agent

AGAMAITE, DEBRA
RESOURCE PROPERTY MANAGEMENT
103 CLEVELAND AVE SW
LARGO FL 33770

7. Name and Address of New Registered Agent

Name *Debra Reinhardt*
Street Address (P.O. Box Number is Not Acceptable)
Resource Property Management
7300 Park St
City *Seminole*, FL Zip Code *33777*

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.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-25-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ALGAR, JOAN	
STREET ADDRESS	1207-11TH CIR SE	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZIBLITH, GLORIA	
STREET ADDRESS	1019 10TH CIR SE	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BATES, CAROL	
STREET ADDRESS	1204-1019 10TH CIR SE	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WIESCHAN, HELEN	
STREET ADDRESS	1216 10TH CIR SE	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SMITH, SANDRA	
STREET ADDRESS	1119 9TH CIR SE	
CITY-ST-ZIP	LARGO FL 33771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Helen Wieschan

3-10-03 President

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90310 008 ***61.25



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2289042

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (10/02)