

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 # 767323
1. Corporation Name
HAVEN LAKE ACTIVITY CLUB, INC.

Principal Place of Business Mailing Address
**11201 S.E. 55 ST. SAME
Box 180
MIRAMAR, FLA. 33025-3107**

3. Date Incorporated or Qualified **3/7/83** 3a. Date of Last Report **1995**

21. Principal Place of Business CLUB HOUSE	2a. Mailing Address 11201 S.W. 55 ST.	4. FEI Number 59-2281504	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
23. City & State	27. MIRAMAR, FLA 33025	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24. Zip	28. City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
25. Country	29. Zip	30. Country		

9. Name and Address of Current Registered Agent ELLEN V. MCDUFFEE 11201 S. W. 55 ST., UNIT 5 MIRAMAR, FLA. 33025		10. Name and Address of New Registered Agent		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	PRESIDENT ELLEN V. MCDUFFEE 11201 S. W. 55 ST., UNIT 5 MIRAMAR, FLA. 33025	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	VICE-PRES. LOUIS L. YESTER 11201 S.W. 55 ST., UNIT 180 MIRAMAR, FLA. 33025-3107	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	RECORDING SECY. RUTH CONNORS 11201 S.W. 55 ST., UNIT 289 MIRAMAR, FLA. 33025	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	TREASURER EVELYN R. YESTER 11201 S. W. 55 ST., UNIT 180 MIRAMAR, FLA. 33025	<input type="checkbox"/> Change <input type="checkbox"/> Addition	700001745297 -03/15/96--01103--014 ***70.00
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: Evelyn R. Yester EVELYN R. YESTER Date: 3/11/96 305-625-8061 Daytime Phone #

CR2E037 (12/95)