

# 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.  
Box 180  
MIRAMAR, FLA. 33025-3107**

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

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

## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

**ELLEN V. McDUFFEE  
11201 S. W. 55 ST., UNIT 5  
MIRAMAR, FLA. 33025**

81 Name	=====
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRESIDENT ELLEN V. McDUFFEE</b>	1.2 NAME	
STREET ADDRESS	<b>11201 S. W. 55 ST., UNIT 5</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIRAMAR, FLA. 33025</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VICE-PRES. LOUIS L. YESTER</b>	2.2 NAME	
STREET ADDRESS	<b>11201 S.W. 55 ST., UNIT 180</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIRAMAR, FLA. 33025-3107</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RECORDING SECY. RUTH CONNORS</b>	3.2 NAME	
STREET ADDRESS	<b>11201 S.W. 55 ST., UNIT 289</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIRAMAR, FLA. 33025</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TREASURER EVELYN R. YESTER</b>	4.2 NAME	<b>700001745297</b>
STREET ADDRESS	<b>11201 S. W. 55 ST., UNIT 180</b>	4.3 STREET ADDRESS	<b>-03/15/96--01103--014</b>
CITY-ST-ZIP	<b>MIRAMAR, FLA. 33025</b>	4.4 CITY-ST-ZIP	<b>***70.00</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>M. M.</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>3-15-96</b>
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)(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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/11/96** 305-625-8061  
Daytime Phone #

CR2E037 (12/95)