


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 20 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 767323 (9)</b> 1. Corporation Name <b>HAVEN LAKE ACTIVITY CLUB, INC.</b>					
Principal Place of Business <b>% MISS ELLEN MCDUFFEE 11201 S.W. 55 ST., BOX 22, LOT A-23 MIRAMAR FL 33025-0107</b>			Mailing Address <b>BOX 5 LOT A-23 MIRAMAR FL 33025-3107 US</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>03/07/1983</b> 4. FEI Number <b>59-2281504</b> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>MCDUFFEE, ELLEN V. 11201 S.W. 55 ST., UNIT 5 MIRAMAR FL 33025-3107</b>			10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> DELETE			
NAME	MCDUFFEE, ELLEN V.				
STREET ADDRESS	11201 S.W. 55TH ST. UNIT 5				
CITY-ST-ZIP	MIRAMAR FL 33025				
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	YESTER, LOUIS L				
STREET ADDRESS	11201 S W 55TH ST. UNIT 180				
CITY-ST-ZIP	MIRAMAR FL 33025-3107				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	YESTER, EVELYN R.				
STREET ADDRESS	11201 S.W. 55TH ST. UNIT 180				
CITY-ST-ZIP	MIRAMAR FL 33025				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	WILMATH, JACKIE				
STREET ADDRESS	11201 S.W. 55 ST. #106				
CITY-ST-ZIP	MIRAMAR FL 33025				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	GOERTIER, GERTRUDE				
STREET ADDRESS	11201 S.W. 55TH ST. #106				
CITY-ST-ZIP	MIRAMAR FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	TRUXELL, HELEN				
STREET ADDRESS	11201 S.W. 55 ST. #514				
CITY-ST-ZIP	MIRAMAR FL 33025				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. 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 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* TRUXELL, HELEN  
SIGNATURE: *Evelyn R. Yester* TRUXELL, HELEN  
1/6/98-305-625-8061

CR2E037 (10/97)

HAVEN LAKE ACTIVITY CLUB, INC.  
C/O MRS. ELLEN V. McDUFFEE  
11201 S.W. 55 ST. UNIT 5  
MIRAMAR, FLA. 33025-3107  
JANUARY 7TH, 1998

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P. O. Box 1500  
TALLAHASSEE, FLA. 32302-1500

RE: DOCUMENT # 767323  
HAVEN LAKE ACTIVITY CLUB, INC.  
FEI #59-2281504

GENTLEMEN:

ENCLOSED PLEASE FIND ABOVE MENTIONED DOCUMENT ALONG WITH MY  
PERSONAL CHECK ON NATIONS BANK, CHECK #645 DATED JAN. 7TH,  
1998 IN THE AMOUNT OF \$70.00.

THIS IS TO COVER THE RENEWAL FEE AS WELL AS A CERTIFICATE OF  
STATUS DESIRED.

YOURS TRULY,

  
EVELYN R. YESTER, TREAS.

HAVEN LAKE ACTIVITY CLUB, INC.

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