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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767323

1. Corporation Name

HAVEN LAKE ACTIVITY CLUB, INC.

Principal Place of Business

% MISS ELLEN MCDUFFEE,
11201 S.W. 55 ST., BOX 22, LOT A-23
MIRAMAR FL 33025-0107

Mailing Address

BOX 5 LOT A-23
MIRAMAR FL 33025-3107
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/07/1983

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2281504

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCDUFFEE, ELLEN V.
11201 S.W. 55 ST.,
UNIT 5
MIRAMAR FL 33025-3107

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

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

P

☐ DELETE

NAME

MCDUFFEE, ELLEN V.

STREET ADDRESS

11201 S.W. 55TH ST. UNIT 5

CITY-ST-ZIP

MIRAMAR FL 33025

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE

VP

☐ DELETE

NAME

YESTER, LOUIS L

STREET ADDRESS

11201 S W 55TH ST. UNIT 180

CITY-ST-ZIP

MIRAMAR FL 33025-3107

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE

T

☐ DELETE

NAME

YESTER, EVELYN R.

STREET ADDRESS

11201 S.W. 55TH ST. UNIT 180

CITY-ST-ZIP

MIRAMAR FL 33025

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

WILMATH, JACKIE

STREET ADDRESS

11201 S.W. 55 ST. #106

CITY-ST-ZIP

MIRAMAR FL 33025

4.1 TITLE

☒ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

SEC'Y
RUTH CONNORS
11201 S.W. 55 ST., Box 289
MIRAMAR, FLA 33025

TITLE

D

☐ DELETE

NAME

GOERTIER, GERTRUDE

STREET ADDRESS

11201 S.W. 55TH ST. #106

CITY-ST-ZIP

MIRAMAR FL

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

TRUXELL, HELEN

STREET ADDRESS

11201 S.W. 55 ST. #514

CITY-ST-ZIP

MIRAMAR FL 33025

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

TRUXELL, HELEN

STREET ADDRESS

11201 S.W. 55 ST. #514

CITY-ST-ZIP

MIRAMAR FL 33025

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
EVELYN R. YESTER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)