

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90046 030 \*\*\*\*61.25

**DOCUMENT # 767323**

1. Entity Name

**HAVEN LAKE ACTIVITY CLUB, INC.**

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2281504**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MCDUFFEE, ELLEN V.</b>	
STREET ADDRESS	<b>11201 S.W. 55TH ST. UNIT 5</b>	
CITY-ST-ZIP	<b>MIRAMAR FL 33025</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>YESTER, LOUIS L</b>	
STREET ADDRESS	<b>11201 S.W. 55TH ST. UNIT 180</b>	
CITY-ST-ZIP	<b>MIRAMAR FL 33025-3107</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>YESTER, EVELYN R.</b>	
STREET ADDRESS	<b>11201 S.W. 55TH ST. UNIT 180</b>	
CITY-ST-ZIP	<b>MIRAMAR FL 33025</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>CONNORS, RUTH</b>	
STREET ADDRESS	<b>11201 S.W. 55 STREET, SOX 289</b>	
CITY-ST-ZIP	<b>MIRAMAR FL 33025</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GOERTIER, GERTRUDE</b>	
STREET ADDRESS	<b>11201 S.W. 55TH ST. #106</b>	
CITY-ST-ZIP	<b>MIRAMAR FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TRUXELL, HELEN</b>	
STREET ADDRESS	<b>11201 S.W. 55 ST. #514</b>	
CITY-ST-ZIP	<b>MIRAMAR FL 33025</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *Evelyn R. Yester* **REVEREND R. YESTER** 2/14/02 305 625 8061  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)