

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90045 003 ****61.25

DOCUMENT # 816961

1. Entity Name

THE NINA HAVEN CHARITABLE FOUNDATION



Principal Place of Business

555 COLORADO AVE
STUART FL 34994-3013

Mailing Address

PO DRAWER 1978
STUART FL 34995

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number
13-6099012

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

CRARY, LAWRENCE R III
555 COLORADO AVE
STUART FL 33494

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Lawrence E. Crary

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	☒ Delete
NAME	GAster, GORDON D	
STREET ADDRESS	13820 LEHARVE DR	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	D	☐ Delete
NAME	ANDERSON, CHARLES	
STREET ADDRESS	5654 SE MERCEDES AVE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	PD	☐ Delete
NAME	WEBER, JUDITH	
STREET ADDRESS	4161 SW BIMINI CIRCLE N	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	SD	☒ Delete
NAME	CRARY, LAWRENCE E III	
STREET ADDRESS	611 NW SUNSET DRIVE	
CITY-ST-ZIP	STUART FL 34994	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☐ Change ☒ Addition
NAME	Schiralli, Angelo	
STREET ADDRESS	16 S. Beach Road	
CITY-ST-ZIP	Hobe Sound, FL 33455	
TITLE	VP/S/D	☐ Change ☐ Addition
NAME	Freeman, Rebecca K.	
STREET ADDRESS	P.O. Box 9009	
CITY-ST-ZIP	Stuart, FL 34995	
TITLE	VP/T/D	☒ Change ☐ Addition
NAME	Crory III, Lawrence E.	
STREET ADDRESS	231 S.E. Edgewood Drive	
CITY-ST-ZIP	Stuart, FL 34996	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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:

Lawrence E. Crary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/04

Date

(772) 287-2600

Daytime Phone #