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

FILED
May 12, 2004 8:00 am
Secretary of State
03-15-2004 90048 029 ****61.25

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DOCUMENT # N03000009399

1. Entity Name
OCEAN HAVEN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
123 ELSA RD. JUPITER FL 33477	123 ELSA RD. JUPITER FL 33477

MOORE CR2E037 (11/03) MBH corrected

2. Principal Place of Business	3. Mailing Address
Haven Road - Ocean Haven	123 Elsa Rd
Suite, Apt. #, etc.: Subdivision	Suite, Apt. #, etc.:
City & State: Pt. St. Joe, FL	City & State: Jupiter, FL
Zip: 32456 Country: USA	Zip: 33477 Country: USA

4. FEI Number: 90-0154035 ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRELL, WILLIAM D
123 ELSA RD.
JUPITER FL 33477

7. Name and Address of New Registered Agent

Name: James A. Vastarelli
Street Address (P.O. Box Number is Not Acceptable): 314 Fairway North
City: Tequesta FL Zip Code: 33469

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: Marcia B. Harrell [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 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HARRELL, WILLIAM D 123 ELSA RD. JUPITER FL 33477	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HARRELL, MARCIA B 123 ELSA RD. JUPITER FL 33477	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] Marcia B. Harrell 3/11/04 (561) 575-4413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #