

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003648

FILED
Apr 07, 2009
Secretary of State

Entity Name: EAST HAVEN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

441 SE 2ND STREET
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

441 SE 2ND STREET
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGLOIN, RICHARD
441 SE 2ND STREET
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DUPLYCY, FRED D
Address: 34 SE 7 AVE UNIT 1
City-St-Zip: DELRAY BCH, FL 33483

Title: DVT () Delete
Name: SERVA, LINDA
Address: 34 SE 7 AVE UNIT 11
City-St-Zip: DELRAY BCH, FL 33483

Title: DS () Delete
Name: MCGLOIN, RICHARD
Address: 441 SE 2ND STREET
City-St-Zip: DELRAY BCH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD MCGLOIN

DS

04/07/2009

Electronic Signature of Signing Officer or Director

Date