


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90441 033 \*\*\*\*61.25

<b>DOCUMENT # N05208</b> 1. Entity Name SPRING HAVEN CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4174 WOODLANDS PKWY PALM HARBOR, FL 34685 US			Mailing Address 40347 US 19 NORTH, #201 5313 LOCUST PLACE TARPON SPRINGS, FL 34689 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 4174 Woodlands Pkwy			
City & State Palm Harbor, FL		City & State Palm Harbor, FL			
Zip 34685		Country US		4. FEI Number 59-2927906	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent NOLAN, JAMES JR 4174 WOODLANDS PKWY PALM HARBOR, FL 34685					
7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KEIRSEY, NANCY <input type="checkbox"/> Delete 8813 MANOS CIRCLE NEW PORT RICHEY, FL 34655		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUSSO, RICHARD <input type="checkbox"/> Delete 8815 MANOS CIRCLE NEW PORT RICHEY, FL 34655		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALTERS, BARBARA <input type="checkbox"/> Delete 8823 MANOS CIR NEW PORT RICHEY, FL 34655		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SATURNINO, CLEMETTE <input type="checkbox"/> Delete 9044 CALLE ALTA COURT NEW PORT RICHEY, FL 34655		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Clemette Saturnino McCarthy 9044 Calle Alta Ct New Port Richey, FL 34655	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PELOQUIN, MORMAND <input type="checkbox"/> Delete 8803 SPRING HAVEN BLVD NEW PORT RICHEY, FL 34652		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Normand Deloquin 8803 Spring Haven Blvd New Port Richey, FL 34652	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <u>Barbara Walters</u> <u>Barbara Walters</u> <u>4/24/06</u> <u>785-8887</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					