

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # N05208

1. Entity Name
SPRING HAVEN CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

4174 WOODLANDS PKWY
PALM HARBOR, FL 34685 US

Mailing Address

4174 WOODLANDS PKWY
PALM HARBOR, FL 34685 US



02092007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-2927906

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NOLAN, JAMES JR
4174 WOODLANDS PKWY
PALM HARBOR, FL 34685

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VD
NAME KEIRSEY, NANCY
STREET ADDRESS 8813 MANOS CIRCLE
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE TD
NAME RUSSO, RICHARD
STREET ADDRESS 8815 MANOS CIRCLE
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE PD
NAME WALTERS, BARBARA
STREET ADDRESS 8823 MANOS CIR
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE SD
NAME MCCARTHY, CLEMETLE S
STREET ADDRESS 9044 CALLE ALTA COURT
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE D
NAME PELOQUIN, NORMAND
STREET ADDRESS 8803 SPRING HAVEN BLVD
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000693712
04/16/07-80051-017 61.25

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Barbara Walters Barbara Walters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President

3/29/07 (727) 785-8887

Date

Daytime Phone #