

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07034 (4)
1. Corporation Name
HAVEN APARTMENTS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O RUTH MONFORTE, SEC
10250 W. BAY HARBOR DR.
BAY HARBOR ISLANDS FL 33154

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

3. Date Incorporated or Qualified **01/08/1985** 3a. Date of Last Report **06/20/1995**
4. FEI Number **59-0931605** Applied For
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
MONFORTE, RUTH
10250 W. BAY HARBOR DR
BAY HARBOR ISLES FL 33154

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY - ST - ZIP
PVD **KRAMER, FRANCIS** ☒ DELETE
10250 W BAY HARBOR DR
B. HARBOR ISLANDS FL
SD **MONFORTE, RUTH** ☐ DELETE
10250 W BAY HARBOR DR.
B. HARBOR ISLANDS FL
TD **COHEN, CELIA** ☐ DELETE
10250 W BAY HARBOR DR.
B. HARBOR ISLANDS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **PVD** ☒ Change ☐ Addition
1.2 NAME **Osvaldo Perez**
1.3 STREET ADDRESS **10250 W. Bay Harbor Dr**
1.4 CITY - ST - ZIP **B. Harbor Islands, FL**
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to make this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

exemption stated in Section 119.07(3)(k), Florida Statutes. I state and that my signature shall have the same legal effect as if it were this report as required by Chapter 617, Florida Statutes, and

June 8, 1996
Date Daytime Phone #

CR2E037 (3/96)