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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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	C/O RUTH MONFORTE. SEC 10250 W. BAY HARBOR DR. BAY HARBOR ISLANDS FL 33154-1293

3. Date Incorporated or Qualified: 01/08/1985
3a. Date of Last Report: 06/13/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-0931605 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$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	10. Name and Address of New Registered Agent
MONFORTE, RUTH 10250 W. BAY HARBOR DR BAY HARBOR ISLES FL 33154	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVD	☐ DELETE	1.1 TITLE	PVD	☒ Change ☐ Addition
NAME	OSVALDO PEREZ		1.2 NAME	Allen Featik	
STREET ADDRESS	10250 W. BAY HARBOR DR.		1.3 STREET ADDRESS	10250 W Bay Harbor DR	
CITY-ST-ZIP	B. HARBOR ISLANDS FL		1.4 CITY-ST-ZIP	B. Harbor Islands Fl	
TITLE	SD	☐ DELETE	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	MONFORTE, RUTH		2.2 NAME	Osvaldo Perez	
STREET ADDRESS	10250 W BAY HARBOR DR.		2.3 STREET ADDRESS	10250 W. Bay Harbor DR	
CITY-ST-ZIP	B. HARBOR ISLANDS FL		2.4 CITY-ST-ZIP	B. Harbor Islands	
TITLE	TD	☐ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	COHEN, CELIA		3.2 NAME	George Beck	
STREET ADDRESS	10250 W BAY HARBOR DR.		3.3 STREET ADDRESS	10250 W. Bay Harbor DR	
CITY-ST-ZIP	B. HARBOR ISLANDS FL		3.4 CITY-ST-ZIP	B Harbor Islands	
TITLE		☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME			4.2 NAME	Oscar Wilsen	
STREET ADDRESS			4.3 STREET ADDRESS	10250 W. Bay Harbor DR	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	B. Harbor Islands	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	Frances Kramer	
STREET ADDRESS			5.3 STREET ADDRESS	10250 W Bay Harbor DR	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	B Harbor Islands	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Allen Featik PRES 2/24/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0030978