FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
Jan 15 1998 8:00am
Secretary of State

DOCUMENT # N07034 (4)

1. Corporation Name
HAVEN APARTMENTS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
BOARD OF DIRECTORS
~~C/O RUTH MONFORTE, SEC~~
10250 W. BAY HARBOR DR.
BAY HARBOR ISLANDS FL 33154

Mailing Address
BOARD OF DIRECTORS
C/O RUTH MONFORTE, SEC
10250 W. BAY HARBOR DR.
BAY HARBOR ISLANDS FL 33154

3. Date Incorporated or Qualified
01/08/1985

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

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

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☑ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 ALLEN FERTIK
82 Street Address (P.O. Box Number is Not Acceptable) 10250 W. BAY HARBOR DR
83 BAY HARBOR ISLANDS
84 City FL 85 Zip Code 33154

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 Allen Fertik PRES 1/8/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ALLEN FERTIK		1.2 NAME	
STREET ADDRESS	10250 W BAY HARBOR DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	B. HARBOR ISLANDS FL		1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	OSUALDO PEREZ		2.2 NAME	
STREET ADDRESS	10250 W BAY HARBOR DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	B. HARBOR ISLANDS FL		2.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GEORGE BECK		3.2 NAME	
STREET ADDRESS	10250 W BAY HARBOR DR.		3.3 STREET ADDRESS	
CITY-ST-ZIP	B. HARBOR ISLANDS FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	OSCAR WILSEN		4.2 NAME	
STREET ADDRESS	10250 W BAY HARBOR DR		4.3 STREET ADDRESS	
CITY-ST-ZIP	B HARBOR ISLANDS FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	FRANCES KRAMER		5.2 NAME	
STREET ADDRESS	10250 W BAY HARBOR DR		5.3 STREET ADDRESS	
CITY-ST-ZIP	B HARBOR ISLANDS FL		5.4 CITY-ST-ZIP	
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 (10/97)

14. I 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: X Allen Fertik, PRES-REQUIRED 1/8/98 865-1259