

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90076 024 ****61.25

DOCUMENT # N07034

1. Entity Name

HAVEN APARTMENTS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

% BOARD OF DIRECTORS
10250 W. BAY HARBOR DR.
BAY HARBOR ISLANDS FL 33154
US

Mailing Address

%BOARD OF DIRECTORS
10250 W. BAY HARBOR DR.
BAY HARBOR ISLANDS FL 33154
US

24026727



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-0931605

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERTIK, ALLEN
10250 W. BAY HARBOR DR
BAY HARBOR ISLES FL 33154

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PVD
NAME ALLEN FERTIK ☒ Delete
STREET ADDRESS 10250 W BAY HARBOR DR
CITY-ST-ZIP B. HARBOR ISLANDS FL

TITLE SD
NAME OSUALDO PEREZ ☐ Delete
STREET ADDRESS 10250 W BAY HARBOR DR.
CITY-ST-ZIP B. HARBOR ISLANDS FL

TITLE TD
NAME GEORGE BECK ☒ Delete
STREET ADDRESS 10250 W BAY HARBOR DR.
CITY-ST-ZIP B. HARBOR ISLANDS FL

TITLE D
NAME LEVITIN, LISA ☒ Delete
STREET ADDRESS 10250 W BAY HARBOR DR
CITY-ST-ZIP B HARBOR ISLANDS FL

TITLE D
NAME GHILARDI, YVONNE ☒ Delete
STREET ADDRESS 10250 W BAY HARBOR DR
CITY-ST-ZIP B HARBOR ISLANDS FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President ☐ Change ☐ Addition
NAME Deborah Springman
STREET ADDRESS 10250 W. Bay Harbor Drive, 2A
CITY-ST-ZIP Bay Harbor Islands, FL 33154

TITLE Secretary ☐ Change ☐ Addition
NAME Osualdo Perez
STREET ADDRESS 10250 W. Bay Harbor Drive, 3G
CITY-ST-ZIP Bay Harbor Isl., FL 33154

TITLE Maurice Barro Vice-President ☐ Change ☐ Addition
NAME 10250 W. Bay Harbor Dr. 3E
STREET ADDRESS Bay Harbor Isl., FL 33154

TITLE Treasurer ☐ Change ☐ Addition
NAME Silka Lyle
STREET ADDRESS 10250 W. Bay Harbor Dr. 2B
CITY-ST-ZIP Bay Harbor Isl., FL

TITLE Helena Robinson ☐ Change ☐ Addition
NAME 10250 W. Bay Harbor Dr. 3D
STREET ADDRESS Bay Harbor Isl., FL 33154

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 another like empowered.

SIGNATURE:

Deborah Springman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/19/04 (305) 861-8626

Date

Daytime Phone #