2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90128 011 ****61.25

DOCUMENT # N07034

1. Entity Name

HAVEN APARTMENTS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% BOARDOF DIRECTORS 10250 W. BAY HARBOR DR. BAY HARBOR ISLANDS FL 33154 US	%BOARD OF DIRECTORS 10250 W. BAY HARBOR DR. BAY HARBOR ISLANDS FL 33154 US

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
	16499 N.E 19th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc. #107
City & State	City & State N. Miami Beach
Zip / Country	Zip / Country 33162

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	7. Name and Address of New Registered Agent
FERTIK, ALLEN 10250 W. BAY HARBOR DR BAY HARBOR ISLES FL 33154	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, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SPRINGMAN, DEBORAH 10250 W BAY HARBOR DR MIAMI BEACH FL 33154	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Maurice Barrero 10250 W BAY Harbor Dr BAY Harbor, FL 33154	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD OSUALDO PEREZ 10250 W BAY HARBOR DR. B. HARBOR ISLANDS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer OSVALDO PEREZ 10250 W. BAY Harbor Dr BAY Harbor, FL 33154	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BARERRO, MAURICE 10250 W BAY HARBOR DR. MIAMI BEACH FL 33154	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Helena Robinson 10250 W. BAY Harbor Dr BAY Harbor, FL 33154	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LYLE, SILLEA 10250 W BAY HARBOR DR MIAMI BEACH FL 33154	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Connie Reardon 10250 W BAY Harbor Dr BAY Harbor, FL 33154	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBINSON, MELENA 10250 W BAY HARBOR DR B HARBOR ISLANDS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Teresa Yvonne Ghilardi 10250 W. BAY Harbor Dr. BAY Harbor, FL 33154	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE: _____, Maurice Barrero 4/27/05 305-785-2699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #