2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# N07034

Entity Name: HAVEN APARTMENTS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

% BOARDOF DIRECTORS
10250 W. BAY HARBOR DR.
BAY HARBOR ISLANDS, FL 33154 US

New Principal Place of Business:

Current Mailing Address:

10963 110 TERR
LIVE OAK, FL 32060 US

New Mailing Address:

FEI Number: 59-0931605 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARRERO, MAURICE
10250 W. BAY HARBOR DR
#3E
BAY HARBOR ISLES, FL 33154 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BARRERO, MAURICE
Address: 10250 W. BAY HARBOR DR
City-St-Zip: MIAMI BEACH, FL 33154

Title: T ( ) Delete
Name: OSUALDO PEREZ,
Address: 10250 W BAY HARBOR DR.
City-St-Zip: B. HARBOR ISLANDS, FL

Title: VP ( ) Delete
Name: ROBINSON, HELEAN
Address: 10250 W BAY HARBOR DR.
City-St-Zip: MIAMI BEACH, FL 33154

Title: S ( ) Delete
Name: REARDON, CONNIE
Address: 10250 W. BAY HARBOR DR
City-St-Zip: MIAMI BEACH, FL 33154

Title: D ( ) Delete
Name: GHILANDI, TERESA Y
Address: 10250 W. BAY HARBOR DRIVE
City-St-Zip: MIAMI BEACH, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAURICE BARRERO P 02/16/2009
Electronic Signature of Signing Officer or Director — Date