

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N47142** (7)  
1. Corporation Name  
**SHADY HAVEN ASSOCIATION, INC.**



Principal Place of Business  
**150 OLD ENGLEWOOD RD  
#90  
ENGLEWOOD FL 34223  
US**

Mailing Address  
**333 SOUTH TAMiami TR  
SUITE 199  
VENICE FL 34285  
US**

3. Date Incorporated or Qualified  
**02/03/1992**

3a. Date of Last Report  
**04/12/1995**

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

4. FET Number  
**65-0394069**

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  
**KORP, WILLIAM R.  
333 SOUTH TAMiami TRAIL  
SUITE 199  
VENICE FL 34285**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when not stating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD-	<input checked="" type="checkbox"/> DELETE
NAME	STAHL, TOM	
STREET ADDRESS	150 OLD ENGLEWOOD ROAD	
CITY - ST - ZIP	ENGLEWOOD FL	
TITLE	VD-	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, KEITH	
STREET ADDRESS	150 OLD ENGLEWOOD ROAD	
CITY - ST - ZIP	ENGLEWOOD FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CAMPBELL, GRACE	
STREET ADDRESS	150 OLD ENGLEWOOD ROAD	
CITY - ST - ZIP	ENGLEWOOD FL 34223	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUPLI, WALTER	
STREET ADDRESS	150 OLD ENGLEWOOD ROAD	
CITY - ST - ZIP	ENGLEWOOD FL 34223	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TADSEN, WILLIAM	
STREET ADDRESS	150 OLD ENGLEWOOD ROAD	
CITY - ST - ZIP	ENGLEWOOD FL 34223	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WILKINSON, ARTHUR	
STREET ADDRESS	150 OLD ENGLEWOOD ROAD	
CITY - ST - ZIP	ENGLEWOOD FL 34223	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	BERNSTEIN, FRED	
13 STREET ADDRESS	150 OLD ENGLEWOOD RD.	
14 CITY - ST - ZIP	ENGLEWOOD, FL 34223	
21 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	ANDERSON, KEITH	
23 STREET ADDRESS	150 OLD ENGLEWOOD RD.	
24 CITY - ST - ZIP	ENGLEWOOD, FL 34223	
31 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	ROSE, HERBERT	
33 STREET ADDRESS	150 OLD ENGLEWOOD RD.	
34 CITY - ST - ZIP	ENGLEWOOD, FL 34223	
41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	BEDALOV, JOHN	
43 STREET ADDRESS	150 OLD ENGLEWOOD RD.	
44 CITY - ST - ZIP	ENGLEWOOD, FL 34223	
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	RUCH, EVELYN	
53 STREET ADDRESS	150 OLD ENGLEWOOD RD.	
54 CITY - ST - ZIP	ENGLEWOOD, FL 34223	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Fred Bernstein  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 8, 1996 941-475-0690  
Date Daytime Phone #

CR2E037 (12/95)