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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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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 TAMAMI TR SUITE 199 VENICE FL 34285 US
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3. Date Incorporated or Qualified
02/03/1992

4. FEI Number
65-0394069

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
Country 25	Zip 29
Country 25	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

**KORP, WILLIAM R.
333 SOUTH TAMAMI 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 **FL** **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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	BERNSTEN, FRED	1.1 TITLE PD	Richard Battista
NAME		1.2 NAME	
STREET ADDRESS	150 OLD ENGLEWOOD RD	1.3 STREET ADDRESS	150 Old Englewood Rd
CITY-ST-ZIP	ENGLEWOOD FL	1.4 CITY-ST-ZIP	Englewood, FL. 34223
TITLE D	ANDERSON, KEITH	2.1 TITLE VP D	George Barrier
NAME		2.2 NAME	
STREET ADDRESS	150 OLD WNGLEWOOD RD	2.3 STREET ADDRESS	150 Old Englewood Rd.
CITY-ST-ZIP	ENGLEWOOD FL	2.4 CITY-ST-ZIP	Englewood, FL 34223
TITLE SD	CAMPBELL, GRACE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS	150 OLD ENGLEWOOD ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	3.4 CITY-ST-ZIP	
TITLE D	PACK, VIRGIL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS	150 OLD ENGLEWOOD ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	4.4 CITY-ST-ZIP	
TITLE D	SCHLOSSER, BEVERLY	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS	150 OLD ENGLEWOOD ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	5.4 CITY-ST-ZIP	
TITLE TD	WILKINSON, ARTHUR	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS	150 OLD ENGLEWOOD ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	6.4 CITY-ST-ZIP	

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: _____ TREASURER
4-8-98 941-475057

CR2E037 (10/97)