

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000006142 (3)

1. Corporation Name

FEDHAVEN RESIDENTS ASSOCIATION, INC.

PAGE 1 of 2

Principal Place of Business

Mailing Address

FEDHAVEN AUDITORIUM
FEDHAVEN FL 33854

P.O. BOX 8533
FEDHAVEN FL 33854

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

12/15/1994

4. FEI Number

Applied For

59-3289430

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ST. GERMAIN, ROGER L
50 FEDHAVEN CIRCLE
FEDHAVEN FL 33854

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	CAVALLARO, DONALD
STREET ADDRESS	P.O. BOX 8533 N/A
CITY - ST - ZIP	FEDHAVEN FL 33854
TITLE	VD
NAME	ST. GERMAIN, ROGER L
STREET ADDRESS	P.O. BOX 8533 N/A
CITY - ST - ZIP	FEDHAVEN FL 33854
TITLE	SD
NAME	CAVALLARO, CLAIRE
STREET ADDRESS	P.O. BOX 8533 N/A
CITY - ST - ZIP	FEDHAVEN FL 33854
TITLE	TD
NAME	LAPINE, ELIZABETH
STREET ADDRESS	P.O. BOX 8533 N/A
CITY - ST - ZIP	FEDHAVEN FL 33854
TITLE	D
NAME	CONWAY, MARGARET
STREET ADDRESS	P.O. BOX 8533 N/A
CITY - ST - ZIP	FEDHAVEN FL 33854
TITLE	D
NAME	DAMATO, STEVE
STREET ADDRESS	P.O. BOX 8533 N/A
CITY - ST - ZIP	FEDHAVEN FL 33854

11 TITLE	PD	☒ Change ☐ Addition
12 NAME	ST. GERMAIN, ROGER L	
13 STREET ADDRESS	P.O. BOX 8533 N/A	
14 CITY - ST - ZIP	FEDHAVEN, FL 33854	
21 TITLE	VD	☒ Change ☐ Addition
22 NAME	KENNEY, ROGER	
23 STREET ADDRESS	P.O. BOX 8533 N/A	
24 CITY - ST - ZIP	FEDHAVEN, FL 33854	
31 TITLE	SD	☒ Change ☐ Addition
32 NAME	COOLEY, SALLY	
33 STREET ADDRESS	P.O. BOX 8533 N/A	
34 CITY - ST - ZIP	FEDHAVEN, FL 33854	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE	D	☒ Change ☐ Addition
52 NAME	QUINN, CORNELIUS	
53 STREET ADDRESS	P.O. BOX 8533 N/A	
54 CITY - ST - ZIP	FEDHAVEN, FL 33854	
61 TITLE		☐ Change ☐ 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 110.07(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:

Roger L. St. Germain

ROGER L. ST. GERMAIN

APRIL 24 1995 813-696-4486

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Unit

Signature 1/25/95