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Jun 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000006142 (3)**

1. Corporation Name

FEDHAVEN RESIDENTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**FEDHAVEN AUDITORIUM
FEDHAVEN FL 33854**

**P.O. BOX 8533
FEDHAVEN FL 33854-8533**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/15/1994		3a. Date of Last Report 02/28/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3289430		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	Joseph F. Hauf
82 Street Address (P.O. Box Number is Not Acceptable)	374 Fedhaven Circle
83 City	Fedhaven, FL 33854
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 **Joseph F. Hauf** PRESIDENT **Joseph F. Hauf** DATE **3-29-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ST GERMAIN, ROGER L	1.2 NAME	Joseph Hauf
STREET ADDRESS	P.O. BOX 8533 N/A	1.3 STREET ADDRESS	PO Box 8533 N/A
CITY-ST-ZIP	FEDHAVEN FL	1.4 CITY-ST-ZIP	Fedhaven, FL 33854
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENNEY, ROGER	2.2 NAME	NORMAN RAINEY
STREET ADDRESS	P.O. BOX 8533 N/A	2.3 STREET ADDRESS	PO Box 8533 N/A
CITY-ST-ZIP	FEDHAVEN FL	2.4 CITY-ST-ZIP	Fedhaven, FL 33854
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	COOLEY, SALLY	3.2 NAME	
STREET ADDRESS	P.O. BOX 8533 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	FEDHAVEN FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	LAPINE, ELIZABETH	4.2 NAME	
STREET ADDRESS	P.O. BOX 8533 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	FEDHAVEN FL 33854	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	QUINN, CORNIELUS	5.2 NAME	Beryl RAYNER
STREET ADDRESS	P.O. BOX 8533 N/A	5.3 STREET ADDRESS	PO Box 8533 N/A
CITY-ST-ZIP	FEDHAVEN FL	5.4 CITY-ST-ZIP	Fedhaven, FL 33854
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAMATO, STEVE	6.2 NAME	PAT HARRISON
STREET ADDRESS	P.O. BOX 8533 N/A	6.3 STREET ADDRESS	PO Box 8533 N/A
CITY-ST-ZIP	FEDHAVEN FL 33854	6.4 CITY-ST-ZIP	Fedhaven, FL 33854

14. I do 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.

CR2E037 (9/96)