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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
**ISLAND OAKS
FEDHAVEN AUDITORIUM
FEDHAVEN FL 33854**

Mailing Address

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



3. Date Incorporated or Qualified

12/15/1994

4. FEI Number

59-3289430

Applied For

Not Applicable

2. Principal Place of Business

21 ISLAND OAKS

Suite, Apt. #, etc.

22

City & State

23 FEDHAVEN FL.

Zip

24 33854

Country

25 POLK

2a. Mailing Address

26 P.O. BOX 8533

Suite, Apt. #, etc.

27

City & State

28 FEDHAVEN FL.

Zip

29 33854

Country

30 POLK

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

10. Name and Address of New Registered Agent

**HAUF, JOSEPH F
374 FEDHAVEN CIR
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 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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-1-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **HAUF, JOSEPH**
CITY-ST-ZIP **P.O. BOX 8533 N/A
FEDHAVEN FL**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **T.D**
1.3 STREET ADDRESS **CATHARINE I JONES**
1.4 CITY-ST-ZIP **P.O. BOX 8533 N/A
FEDHAVEN FL.**

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **RAINEY, NORMAN**
CITY-ST-ZIP **P.O. BOX 8533
FEDHAVEN FL**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **D**
2.3 STREET ADDRESS **SAMUEL STUCK**
2.4 CITY-ST-ZIP **P.O. BOX 8533 N/A
FEDHAVEN FL.**

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **COOLEY, SALLY**
CITY-ST-ZIP **P.O. BOX 8533 N/A
FEDHAVEN FL**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D**
3.3 STREET ADDRESS **BARBARA MARQUARDT**
3.4 CITY-ST-ZIP **P.O. BOX 8533 N/A
FEDHAVEN FL.**

TITLE ☒ DELETE
NAME **TD**
STREET ADDRESS **LAPINE, ELIZABETH**
CITY-ST-ZIP **P.O. BOX 8533 N/A
FEDHAVEN FL 33854**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D**
4.3 STREET ADDRESS **ROBERT RAYMOND**
4.4 CITY-ST-ZIP **P.O. BOX 8533 N/A
FEDHAVEN FL.**

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **RAYNER, BERYL**
CITY-ST-ZIP **P.O. BOX 8533 N/A
FEDHAVEN FL**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **D**
5.3 STREET ADDRESS **ROBERT PATRICK**
5.4 CITY-ST-ZIP **P.O. BOX 8533 N/A
FEDHAVEN FL**

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **HARRISON, PAT**
CITY-ST-ZIP **P.O. BOX 8533 N/A
FEDHAVEN FL**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **D**
6.3 STREET ADDRESS **PAT SMITHYMAN**
6.4 CITY-ST-ZIP **P.O. BOX 8533 N/A
FEDHAVEN FL.**

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:

JOSEPH F. HAUF *Joseph F. Hauf* **4-1-98** **696-2693**

CR2E037 (10/97)