


FILE NOW: FILING FEE IS \$61.25

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**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90155 045 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N94000006142</b>			
1. Corporation Name <b>FEDHAVEN RESIDENTS ASSOCIATION, INC.</b>			
Principal Place of Business <b>ISLAND OAKS AUDITORIUM FEDHAVEN FL 33854 US</b>		Mailing Address <b>P.O. BOX 8533 FEDHAVEN FL 33854</b>	



2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>12/15/1994</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>59-3289430</b>	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24</b>		Country <b>25</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent <b>HAUF, JOSEPH F 374 FEDHAVEN CIR FEDHAVEN FL 33854</b>				10. Name and Address of New Registered Agent			
				81 Name <b>BENJAMIN COOLEY</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>163 FEDHAVEN CIRCLE</b>			
				83			
				84 City <b>FEDHAVEN</b> <b>FL</b> 85 Zip Code <b>33854</b>			

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 617.0603, Florida Statutes.

SIGNATURE BENJAMIN L. COOLEY 3-16-99  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input checked="" type="checkbox"/> DELETE				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE	P	NAME	HAUF, JOSEPH	11 TITLE	P	NAME	BENJAMIN COOLEY
STREET ADDRESS	P.O. BOX 8533 N/A		FEDHAVEN FL	12 NAME	P.O. BOX 8533		FEDHAVEN FL 33854
CITY-ST-ZIP	FEDHAVEN FL			13 STREET ADDRESS	P.O. BOX 8533		FEDHAVEN FL 33854
TITLE	VP	NAME	RAINEY, NORMAN	21 TITLE	D	NAME	RICHARD LAMBAISE
STREET ADDRESS	P.O. BOX 8533		FEDHAVEN FL	22 NAME	P.O. BOX 8533		FEDHAVEN FL 33854
CITY-ST-ZIP	FEDHAVEN FL			23 STREET ADDRESS	P.O. BOX 8533		FEDHAVEN FL 33854
TITLE	SD	NAME	COOLEY, SALLY	24 CITY-ST-ZIP	FEDHAVEN FL		33854
STREET ADDRESS	P.O. BOX 8533 N/A		FEDHAVEN FL	31 TITLE	D	NAME	PAT SMITHYSON
CITY-ST-ZIP	FEDHAVEN FL			32 NAME	P.O. BOX 8533		FEDHAVEN FL 33854
TITLE	TD	NAME	JONES, CATHERINE I.	33 STREET ADDRESS	P.O. BOX 8533		FEDHAVEN FL 33854
STREET ADDRESS	P.O. BOX 8533 N/A		FEDHAVEN FL 33854	34 CITY-ST-ZIP	FEDHAVEN FL		33854
CITY-ST-ZIP	FEDHAVEN FL 33854			41 TITLE	D	NAME	CLIFFORD TOOTHACKER
TITLE	D	NAME	STUCK, SAMUEL	42 NAME	P.O. BOX 8533		FEDHAVEN FL 33854
STREET ADDRESS	P.O. BOX 8533 N/A		FEDHAVEN FL	43 STREET ADDRESS	P.O. BOX 8533		FEDHAVEN FL 33854
CITY-ST-ZIP	FEDHAVEN FL			44 CITY-ST-ZIP	FEDHAVEN FL		33854
TITLE	D	NAME	MARQUARDT, BARBARA	51 TITLE	D	NAME	ROBERT PATKICK
STREET ADDRESS	P.O. BOX 8533N/A		FEDHAVEN FL	52 NAME	P.O. BOX 8533		FEDHAVEN FL 33854
CITY-ST-ZIP	FEDHAVEN FL			53 STREET ADDRESS	P.O. BOX 8533		FEDHAVEN FL 33854
TITLE	D	NAME		54 CITY-ST-ZIP	FEDHAVEN FL		33854
STREET ADDRESS				61 TITLE	D	NAME	RICHARD RUTZ
CITY-ST-ZIP				62 NAME	P.O. BOX 8533		FEDHAVEN FL 33854
				63 STREET ADDRESS	P.O. BOX 8533		FEDHAVEN FL 33854
				64 CITY-ST-ZIP	FEDHAVEN FL		33854

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, with all other like empowered.

SIGNATURE: BENJAMIN L. COOLEY 3-16-99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)