FILE NOW: FILING FEE IS \$61.25

~~NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mertham

Secretary of State DIVISION OF CORPORATIONS

. 1998 POCUMENT #

Principal Place of Business

2701 SOUTH BAYSHORE DRIVE

2. Principal Place of Business

FINKELSTEIN, ALAN N 10651 SW 88TH ST, SUITE 207

MIAMI FL 33176

Sulte, Apt. #, etc.

City & State

PENTHOUSE

22

23 Zip

MIAMI FL 33133

N97000001490 (8)

BAYSHORE LANE FAIR HAVEN HOMEOWNERS, INC.

Country

9. Name and Address of Current Registere

FILED Mar 26 1998 8:00am Secretary of State

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Mailing Address									
2701 SOUTH BAYSHORE DRIVE PENTHOUSE			3.	3. Date Incorporated or Qualified					
MIAMI FL 33133			4.	FEI Number		00		Applied For	
2a. Mailing Address				000	5-0737780 Not A				
6				5. Certificate of Status Desired \$8.75 Addition Fee Required					
Suite, Apt. #, etc.				Election Can Trust Fund C	npaign Financing Contribution			00 May Be ed to Fees	
City & State				7. Is this nonprofit corporation a horseowners association?					
Zip	ip Country			8. This corporation owes or has paid the current war intangible Personal Property Tax due June 30.					
gistered Agent			10.	10. Name and Address of New Registered Agent					
		81	Name						
82 Street Addr			Street Address (F	ress (P.O. Box Number is Not Acceptable)					
		83							

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	·		
SIGNATURE .	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R	legislered Agent signature	e required when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	President & Director DELETE	1.1 TITLE	Change Addition
NAME	Maurice Wiener	1.2 NAME	
STREET ADDRESS	2701 S. Bayshore Drive P/H	1.3 STREET ADDRESS	
CITY-ST-ZIP	Coconut Grove, FL 33133	1.4 CITY - ST- ZIP	
TITLE	Vice President & Director DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Jeffrey Peck	2.2 NAME	
STREET ADDRESS	2701 S. Bayshore Drive, P/H	2.3 STREET ADDRESS	
CITY-ST-ZIP	Coconut Grove, FL 33133	2. 4 CITY-ST-ZIP	
TITLE	[] DC) ETC	3.1 TITLE	Change Addition
NAME	Vice President & Director Dennis Leaton	3.2 NAME	
STREET ADORESS	2701 S. Bayshore Drive, P/H	3.3 STREET ADDRESS	
CITY-ST-ZIP	2701 S. Bayshore Drive P/H Coconut Grove, FL 33133	3.4. CITY-ST-ZIP	
TITLE	DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.9 STREET ADDRESS	
CITY-ST-ZIP	-	4.4 CITY-ST-ZIP	
TITLE	DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
OUTS/ PT TIR		0.4.0(7)/ .07. 7(0	

-ST-ZIP

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.

Zip Code