## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT.

12. I hereby certify that the information

SIGNATURE:

## Apr 09, 2007 8:00 am Secretary of State DOCUMENT # N97000004612 04-09-2007 90047 037 \*\*\*\*61.25 NEWHAVEN AT ABACOA HOMEOWNERS ASSOCIATION, Principal Place of Business Mailing Address ~~~~~~~~ 1930 COMMERCE LANE 4500 PGA BLVD., STE. 400 PALM BEACH GARDENS, FL 33418 JUPITER, FL 33458 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182007 Cha-NP CR2E037 (12/06) 4. FEI Number 65-0776488 City & State City & State Applied For Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired ,6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name INGLIS, STEVE PCAM Street Address (P.O. Box Number is Not Acceptable) **BRISTOL MANAGEMENT SERVICES** 1930 COMMERCE LANE, SUITE 1 JUPITER, FL 33458 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due by May 1, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. DIRECTOR Addition Change TITLE ☐ Delete TITLE YOUATT, DON NAME NAME 157 HONEYSUCKLE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP JUPITER, FL 33458 SECRETARY TITLE TITLE ☐ Delete Change ☐ Addition ENNIS, KEITH NAME NAME 235 SUGAR APPLE WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER, FL 33458 PRESIDENT ☐ Delete TITLE Change TITLE Addition SILVERMAN, HARVEY NAME NAME STREET ADDRESS 192 HONEYSUCKLE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER, FL 33458 TREASURER TITLE ☐ Delete Change ☐ Addition TITLE SIMMONDS, AMY NAME NAME 174 PARADISE CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-ZIP VICE PRES. Delete TITLE Change Addition TITLE CIATELLA, MARK NAME NAME 259 MARLBERRY CIR STREET ADDRESS STREET ADDRESS JUPITER, FL 33477 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition BILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplieriental 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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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