

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006887

**FILED
Apr 28, 2004
Secretary of State****Entity Name:** HAVEN'S HIDEAWAY TOWNHOMES ASSOCIATION, INC.**Current Principal Place of Business:**325 SOUTH BOULEVARD
TAMPA, FL 33606**New Principal Place of Business:**2101 WEST PLATT STREET
200
TAMPA, FL 33606**Current Mailing Address:**325 SOUTH BOULEVARD
TAMPA, FL 33606**New Mailing Address:**2101 WEST PLATT STREET
200
TAMPA, FL 33606

FEI Number:	FEI Number Applied For (X)	FEI Number Not Applicable ()	Certificate of Status Desired ()
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Name and Address of Current Registered Agent:MOLLOY, DANIEL L
325 SOUTH BOULEVARD
TAMPA, FL 33606**Name and Address of New Registered Agent:**SALADINO, JOLENE
2101 WEST PLATT STREET
200
TAMPA, FL 33606

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.

SIGNATURE: JOLENE SALADINO

04/28/2004

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: D () Delete
Name: LUM, JOHN
Address: 2101 W. PLATT STREET
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: KOEHLER, KEITH W
Address: 2101 W. PLATT STREET
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: GULUZIAN, ARAM W
Address: 2101 W. PLATT STREET
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SALADINO, JOLENE
Address: 2101 W. PLATT STREET
City-St-Zip: TAMPA, FL 33606

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOLENE SALADINO

D

04/28/2004

Electronic Signature of Signing Officer or Director_____
Date