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Feb 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **723563** (3)

1. Corporation Name

HAVEN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

Mailing Address

SIEGEL MORRIS  
2893 CROSLY DR. W  
WEST PALM BEACH FL 33415  
US

MORRIS SIEGEL  
2893 CROSLY DR. W  
WEST PALM BEACH FL 33415  
US

3. Date Incorporated or Qualified

05/31/1972

4. FEI Number

23-7242999

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

SIEGEL, MORRIS  
2893 CRISLEY DRIVE W.  
WEST PALM BEACH FL 33415

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 far 12/1/97, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS FIELD, TED  
CITY-ST-ZIP 2640 DUDLEY DRIVE, EAST  
W. PALM BEACH FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☒ DELETE  
NAME D  
STREET ADDRESS BERGMAN, EDGAR  
CITY-ST-ZIP 2915 CROSLY DRIVE, WEST  
W. PALM BEACH FL

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME D  
2.3 STREET ADDRESS McPike, James  
2.4 CITY-ST-ZIP 2852 Crosley DR. W.  
W. P.B. FL.

TITLE ☐ DELETE  
NAME S  
STREET ADDRESS SCHAEFFER, HERMAN  
CITY-ST-ZIP 2901 CROSLY DRIVE, WEST  
W. PALM BEACH FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME P  
STREET ADDRESS SIEGEL, MORRIS  
CITY-ST-ZIP 2893 CROSLY DR W  
W PALM BCH FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME VP  
STREET ADDRESS LEVINE, PAUL  
CITY-ST-ZIP 2759 DUDLEY DR. E.  
W PALM BCH FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS RAPPAPORT, LILLIAN  
CITY-ST-ZIP 2883 CROSLY DR. W  
WEST PALM BEACH FL

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

*Morris Siegel*

1-27-98 (31) 968-0913

CR2E037 (10/97)