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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

723563

(3)

HAVEN ASSOCIATION OF RETIRED PERSONS, INC.

FILED Feb 04 1998 8:00am Secretary of State

Principal Pla	ce of Business	Mailing Address			n nooses soona hoom nismt ofstit dings 1581 allen esset milit 21011 allen 11011 il	11
SIEGEL, MORI		MORRIS SIEGEL			3. Date Incorporated or Qualified	
2893 CROSLE	y Dr. W Beach Fl 33415	2893 CROSLEY DR. W	20445		05/31/1972	
US	DEACH FL 33413	WEST PALM BEACH FL : US	33415		4. FEI Number Applied Fo	,
					23-7242999 Not Applica	
├	Place of Business	2a. Mailing Address			5. Certificate of Status Desired S8.75 Additiona	
21 Cuite And	2 000	26			Fee Required	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be	
City & Sta	ta	27			Trust Fund Contribution Added to Fees	
23		28			7. Is this nonprofit corporation a homeowners association? Yes No	
Zip	Country	Zip	Coun	itry	8. This corporation owes or has pald the current year Intangible	
24	25	29	30	•	Personal Property Tax due June 30. Yes No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent	
			8	31 Name	ne	
SIEGEL, MORRIS			Ē	32 Street	et Address (P.O. Box Number is Not Acceptable)	
2893 CRISLEY DRIVE W.						
WEST F	PALM BEACH FL 33415		Įŧ	33		
			- E	34 City	85 Zip Code	_
				'		
11. Pursuant office or	to the provisions of Sections 617.0502 registered agent, or both, in the State of	and 617.1508, Florida Statu Florida, Such change was	ites, the abo	ove-named by the col	ed corporation submits this statement for the purpose of changing its register orporation's board of directors. I hereby accept the appointment as registere	ed d
agent, I a	am fair lay with, and accept the obligation	ons of, Section 617.0503, F	lorida Statu	tes.	orporation of the course the registere	ų.
SIGNATURE	- J.					
12,	Signature, 1960 or printed name of registered agent	and little Papplicable. (NO	TE: Registered A	Agent signatur	ure required when reinstating) DATE ADDITIONS (CHANGES TO DEFINE TO ADDITIONS OF THE PROPERTY OF THE PROPERT	
TITLE	D CFFICERS AND	DIRECTORS	1.1 TITL	F	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 'N 12	
NAME	FIELD, TED				- Change Sui	-
STREET ADDRESS	2640 DUDLEY DRIVE, EAST					tion
CMY-ST-ZIP			1.2 NAM			tion
GIII-SI-ZIF	1		1.3 STR	EET ADDRESS		tion
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TITLE	W. PALM BEACH FL D	DELETE	1.3 STRE 1.4 CITY 2.1 TITE	EET ADDRESS '- ST- ZIP E	Change X Addi	
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14. I hereby certify that the information supplied with this filling 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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

2883 CROSLEY DR. W

2000 100 000 PRINT - MITTE SIGNATURE OFFICE OFFICE