1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **723563**

1. Corporation Name

HAVEN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business
SIEGEL. MORRIS 2893 CROSLEY DR. W WEST PALM BEACH FL 33415 US

24

Mailing Address MORRIS SIEGEL 2893 CROSLEY DR. W WEST PALM BEACH FL 33415 10. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

FILED

Secretary of State

02-15-1999 90026 030 ****61.25

Feb 15, 1999 8:00 am

3. Date Incorporated or Qualifed 2a. Mailing Address 2. Principal Place of Business 05/31/1972 26 21 FEI Number Applied For Suite, Apt. #, etc. Suite, Apt. #, etc. 23-7242999 Not Applicable 27 22 \$8.75 Additional City & State City & State 5. Certifcate of Status Desired Fee Required 28 23 \$5.00 May Be Country 6. Election Campaign Financing Zip Country Zip Trust Fund Contribution Added to Fees

30

9. Name and Address of Current Registered Agent

29

SIEGEL, MORRIS	
2893 CRISLEY DRIVE V	V.
West Palm Beach Fi	. 33415

	84	City .	FI I"	′ ~''	
Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the at office or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statu	,	die corporation o decide the annual state of	se of char ippointme	iging intas	its registered registered

82 83

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SIGNATURE	- Secretary areas and title if applicable (NOTE: R	egistered Agent signature required	d when reinstating) DATE		
	Signature, typed or printed name of registered again, and again, and	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
12.	OFFICERS AND DIRECTORS DELETE	1.1 TITLE	3.000	☐ Change	. Addition
TITLE	ט		S. C. S.	•	· I
NAME	FIELD, TED	1.2 NAME			i
STREET ADDRESS	2640 DUDLEY DRIVE, EAST	1.3 STREET ADDRESS			4
CITY-ST-ZIP	W. PALM BEACH FL	1.4 CITY-ST-ZIP		Change	Addition
TITLE	D DELETE	2.1 TITLE	••		_
NAME	MCPIKE, JAMES	2.2 NAME			*
STREET ADDRESS	COTO ODOOLEY DD W	2.3 STREET ADDRESS			
CITY-ST-ZIP	W. PALM BEACH FL	2.4 CITY-ST-ZIP		☐ Change	Addition
TITLE	S DELETE	3.1 TITLE	•	Clouginge	
NAME .	SCHAEFFER, HERMAN	3.2 NAME			
STREET ADDRESS	AND CORON EV DON'T WITCT	3.3 STREET ADDRESS	₹ ·		
CITY-ST-ZIP	W: PALM BEACH FL	3.4 CITY-ST-ZIP		Change	Addition
TITLE	P DELETE	4.1 TITLE		Change	L. Madillon
NAME	SIEGEL, MORRIS	4.2 NAME			. JUNE 1997
STREET ADDRESS	THE COURTY OF THE	4.3 STREET ADDRESS			
CITY-ST-ZIP	W PALM BCH FL	4.4 CITY-ST-ZIP		☐ Change	☐ Addition
TITLE	VP □ DELETE	5.1 TITLE		change	
NAME	LEVINE, PAUL	5.2 NAME			
STREET ADDRESS	The state of the s	5.3 STREET ADDRESS			
CITY-ST-ZIP	W PALM BCH FL	5.4 CITY-ST-ZIP		Chart	☐ Addition
TITLE	D DELETE	6.1 TITLE		☐ Change	☐ Vocation
	RAPPAPORT, LILLIAN	6.2 NAME		٠, ,	
NAME		6.3 STREET ADDRESS		*	
STREET ADDRESS	2883 CROSLEY DR. W	6.4 CITY-ST-ZIP		<u> </u>	

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 on on attachment with an address with all other like empowered.

SIGNATURE:

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