2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 723563  1. Entity Name						Feb 18, 2004 08:00 AM Secretary of State				
HAVEN ASSOCIATION OF RETIRED PERSONS, INC.										
Principal Plac	Mailing Address	Address								
2628 DUDLEY DRIVE EAST P O BOX 15313 APT F W PALM BEACH FL 334 WEST PALM BEACH FL 33415-8030 US US			3416-53	13		1 <b>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </b>	 	DERIN MINIE REUSE RENGE DE	<b>                                 </b>	
2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				МС	OORE CR21	E037 (11/03)		
City & State		City & State				4. FEI Number 2	3-7242999	<del> </del>	plied For at Applicable	
Zip	Country	Zip Cou		intry	5. Certificate o		atus Desired	\$8.75 Add Fee Require		
Name and Address of Current Registered Agent						7. Name and Add	ress of New Register	ed Agent		
WEINGUST, SHEL					Name Street Address (P.O. Box Number is Not Acceptable)					
2628 DUDLÉY DRIVE EAST APT F				Stiber Addi	C35 (r .	.0. 000 (1011)	voi Acceptable)			
WEST PALM BEACH FL 33415-8030						· · · · · · · · · · · · · · · · · · ·			<del> </del>	
				City				FL Zip Cod		
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)  DATE										
FILE NOW: FEE IS \$61.25  Due By May 1, 2004  9. Election Campaign Financing Trust Fund Contribution.						\$5.00 May Be Added to Fees		eck Payable partment of S		
10.	OFFICERS AND DI	RECTORS	11.		Αľ	DDITIONS/CHANGE	ES TO OFFICERS AND	DIRECTORS IN	I 10	
TITLE	WEINGUST, SHEL	☐ Delete	TITL	ŧ				☐ Change	☐ Addition	
NAME STREET ADDRESS CITY - ST- ZIP	2628 DUDLEY DRIVE E			EET ADDRESS -ST-21P		Q.	0000000556 2/18/04-8001	18 0-005 61.	25	
TITLE	S Delete T			E				☐ Change	Addition	
NAME STREET ADDRESS	STEIDLEY, LEANORE I 12900 CROSLEY DR E		NAA Stri							
CITY-ST-ZIP	WEST PALM BEACH FL 33415			- ST - ZIP				<u></u>		
TITLE NAME	VP  VINEER, HARRIET	☐ Delete	TITE	l l				☐ Change	Addition	
STREET ADDRESS	2688 DUDLEY DRIVE E		3	FET ADDRESS						
CITY-ST-ZIP	WEST PALM BEACH FL 33415			-ST-ZIP		<del></del>		Сhалде	☐ Addition	
TITLE NAME	COOPER, RHODA	L. Delete	TITL NAM					∟ Glailye	☐ Mudition	
STREET ADDRESS CITY+ST-ZIP	2945 CROSLEY DRIVE W WEST PALM BEACH FL 33415			EET AODRESS						
TITLE	D	☐ Delete	TITL	<del></del>			·	☐ Change	☐ Addition	
NAME	HUMFELD, LOUISE 12885 CROSLEY DRIVE E		NAM					•	_	
STREET ADDRESS CITY-ST-ZIP	WEST PALM BEACH FL 33415			EET ADDRESS '-ST-ZIP						
TITLE	MCPIKE, MARTHA	☐ Delete	TITL	:				☐ Change	Addition	
NAME STREET ADDRESS	2852 CROSLEY DRIVE W		NAN STR	EET ADDRESS						
CITY ST-ZIP	WEST PALM BEACH FL 33415		CITY	-ST-ZIP				<del> :</del>	<del></del>	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.										
SIGNATURE: Shellen us 2-12-04 561-967-5007										
CICILANI	Ultime	The state of the s					Date:	David man Dhanna II		

GNING OFFICER OR DIRECTOR

FILED

2-12-04 561-967-5007 Date Dayline Phone #