

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 723563**

1. Entity Name

HAVEN ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business

2628 DUDLEY DRIVE EAST  
APT F  
WEST PALM BEACH FL 33415-8030  
US

Mailing Address

P O BOX 15313  
W PALM BEACH FL 33416-5313  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

23-7242999

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WEINGUST, SHEL  
2628 DUDLEY DRIVE EAST  
APT F  
WEST PALM BEACH FL 33415-8030

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WEINGUST, SHEL	
STREET ADDRESS	2628 DUDLEY DRIVE E	
CITY - ST - ZIP	WEST PALM BEACH FL 33415	
TITLE	S	<input type="checkbox"/> Delete
NAME	STEIDLEY, LEANORE I	
STREET ADDRESS	2900 CROSLY DR E	
CITY - ST - ZIP	WEST PALM BEACH FL 33415	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VINEER, HARRIET	
STREET ADDRESS	2688 DUDLEY DRIVE E	
CITY - ST - ZIP	WEST PALM BEACH FL 33415	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOPER, RHODA	
STREET ADDRESS	2945 CROSLY DRIVE W	
CITY - ST - ZIP	WEST PALM BEACH FL 33415	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUMFELD, LOUISE	
STREET ADDRESS	2885 CROSLY DRIVE E	
CITY - ST - ZIP	WEST PALM BEACH FL 33415	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCPHIE, MARTHA	
STREET ADDRESS	2852 CROSLY DRIVE W	
CITY - ST - ZIP	WEST PALM BEACH FL 33415	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1100000237322
CITY - ST - ZIP	02/21/05-80052-011 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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:

*SHEL WEINGUST*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/05 561-967-5007  
Date Daytime Phone