

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723563

FILED
May 01, 2006
Secretary of State

Entity Name: HAVEN ASSOCIATION OF RETIRED PERSONS, INC.

Current Principal Place of Business:

2628 DUDLEY DRIVE EAST
APT F
WEST PALM BEACH, FL 334158030 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 15313
W PALM BEACH, FL 334165313 US

New Mailing Address:

FEI Number: 23-7242999 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WEINGUST, SHEL
2628 DUDLEY DRIVE EAST
APT F
WEST PALM BEACH, FL 334158030 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WEINGUST, SHEL
Address: 2628 DUDLEY DRIVE E
City-St-Zip: WEST PALM BEACH, FL 33415

Title: S () Delete
Name: STEIDLEY, LEANORE I
Address: 2900 CROSLY DR E
City-St-Zip: WEST PALM BEACH, FL 33415

Title: VP () Delete
Name: VINEER, HARRIET
Address: 2688 DUDLEY DRIVE E
City-St-Zip: WEST PALM BEACH, FL 33415

Title: D () Delete
Name: COOPER, RHODA
Address: 2945 CROSLY DRIVE W
City-St-Zip: WEST PALM BEACH, FL 33415

Title: D () Delete
Name: HUMFELD, LOUISE
Address: 2885 CROSLY DRIVE E
City-St-Zip: WEST PALM BEACH, FL 33415

Title: D () Delete
Name: MCPIKE, MARTHA
Address: 2852 CROSLY DRIVE W
City-St-Zip: WEST PALM BEACH, FL 33415

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHEL WEINGUST

Electronic Signature of Signing Officer or Director

PRES

05/01/2006

Date