

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 05, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # 723563



Entity Name

HAVEN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business      Mailing Address  
 2628 DUDLEY DRIVE EAST      P O BOX 15313  
 APT F      W PALM BEACH FL 33416-5313  
 WEST PALM BEACH FL 33415-8030      US  
 US



1st MOORE      CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		23-7242999		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	<input type="checkbox"/>			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
WEINGUST, SHEL 2628 DUDLEY DRIVE EAST APT F WEST PALM BEACH FL 33415-8030				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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WEINGUST, SHEL		NAME				
STREET ADDRESS	2628 DUDLEY DRIVE E		STREET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL 33415		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	STEIDLEY, LEANORE I		NAME				
STREET ADDRESS	2900 CROSLY DR E		STREET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL 33415		CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	VINEER, HARRIET		NAME				
STREET ADDRESS	2688 DUDLEY DRIVE E		STREET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL 33415		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	COOPER, RHODA		NAME				
STREET ADDRESS	2945 CROSLY DRIVE W		STREET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL 33415		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HUMFELD, LOUISE		NAME				
STREET ADDRESS	2885 CROSLY DRIVE E		STREET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL 33415		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MCKEY, MARTHA		NAME				
STREET ADDRESS	2852 CROSLY DRIVE W		STREET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL 33415		CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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*

2/13/07 561-967-5007