


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90071 022 ****61.25

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 23-7242999 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E037 (10/07)	
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 DiPace, Dominic P. Street Address (P.O. Box Number is Not Acceptable) 2784 Dudley Dr. E. "E" West Palm Beach, FL 33415 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 <u><i>Dominic P. DiPace</i></u> DATE <u>2-17-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME WEINGUST, SHEL STREET ADDRESS 2628 DUDLEY DRIVE E CITY-ST-ZIP WEST PALM BEACH FL 33415	<input checked="" type="checkbox"/> Delete		TITLE P NAME DiPace, Dominic STREET ADDRESS 2784 Dudley Dr. E. "E" CITY-ST-ZIP West Palm Beach, FL. 33415	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME STEIDLEY, LEANORE I STREET ADDRESS 2900 CROSLY DR E CITY-ST-ZIP WEST PALM BEACH FL 33415	<input type="checkbox"/> Delete		TITLE S NAME STEIDLEY, LEANORE I STREET ADDRESS 2900 CROSLY DR E CITY-ST-ZIP WEST PALM BEACH FL 33415	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME VINEER, HARRIET STREET ADDRESS 2688 DUDLEY DRIVE E CITY-ST-ZIP WEST PALM BEACH FL 33415	<input type="checkbox"/> Delete		TITLE VP NAME VINEER, HARRIET STREET ADDRESS 2688 DUDLEY DRIVE E CITY-ST-ZIP WEST PALM BEACH FL 33415	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME COOPER, RHODA STREET ADDRESS 2945 CROSLY DRIVE W CITY-ST-ZIP WEST PALM BEACH FL 33415	<input checked="" type="checkbox"/> Delete		TITLE D NAME Beland, Virginia STREET ADDRESS 2900 Crosley Dr. E. "L" CITY-ST-ZIP West Palm Beach, FL. 33415	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HUMFELD, LOUISE STREET ADDRESS 2885 CROSLY DRIVE E CITY-ST-ZIP WEST PALM BEACH FL 33415	<input type="checkbox"/> Delete		TITLE D NAME Sullivan, Marie STREET ADDRESS 2900 Crosley Dr. E. "K" CITY-ST-ZIP West Palm Beach, FL. 33415	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME MCPIKE, MARTHA STREET ADDRESS 2852 CROSLY DRIVE W CITY-ST-ZIP WEST PALM BEACH FL 33415	<input checked="" type="checkbox"/> Delete		TITLE D NAME Sullivan, Marie STREET ADDRESS 2900 Crosley Dr. E. "K" CITY-ST-ZIP West Palm Beach, FL. 33415	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: Dominic DiPace President *Dominic P. DiPace* 2-17-08 561-641-8318