


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90122 037 \*\*\*\*61.25

**DOCUMENT # 723563**

1. Entity Name  
**HAVEN ASSOCIATION OF RETIRED PERSONS, INC.**



Principal Place of Business      Mailing Address

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

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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 checked="" 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: *[Signature]*      1-29-03      1-561-967-5007

CR2E037 (10/02)