

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000002398

Entity Name: HELPING ADULTS WITH AUTISM PERFORM AND EXCEL CORP**Current Principal Place of Business:**2645 EXECUTIVE PARK DRIVE
SUITE 421
WESTON, FL 33331**Current Mailing Address:**2645 EXECUTIVE PARK DRIVE
SUITE 421
WESTON, FL 33331 US**FEI Number:** 81-1709197**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SANTIAGO, EDGARDO G
2645 EXECUTIVE PARK DRIVE
SUITE 421
WESTON, FL 33331 US*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**Officer/Director Detail :**

Title PRESIDENT
Name ROTHMAN, LARRY
Address 2645 EXECUTIVE PARK DRIVE
 SUITE 421
City-State-Zip: WESTON FL 33331

Title EXECUTIVE VICE PRESIDENT
Name SANTIAGO, EDGARDO G
Address 2645 EXECUTIVE PARK DRIVE
 SUITE 421
City-State-Zip: WESTON FL 33331

Title VP
Name KROLOCK, MARSHALL
Address 2645 EXECUTIVE PARK DRIVE
 SUITE 421
City-State-Zip: WESTON FL 33331

Title DIRECTOR
Name GAFFEN, HARVEY
Address 2645 EXECUTIVE PARK DRIVE
 SUITE 421
City-State-Zip: WESTON FL 33331

Title VP
Name BERMAN, WALLY
Address 2645 EXECUTIVE PARK DRIVE
 SUITE 421
City-State-Zip: WESTON FL 33331

Title TREASURER
Name BENTLEY, RICHARD E
Address 2645 EXECUTIVE PARK DRIVE
 SUITE 421
City-State-Zip: WESTON FL 33331

I hereby 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 all other like empowered.

SIGNATURE: RICHARD BENTLEY

TREASURER

03/13/2017

Electronic Signature of Signing Officer/Director Detail_____
Date