

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000002398

Entity Name: HELPING ADULTS WITH AUTISM PERFORM AND EXCEL CORP**Current Principal Place of Business:**2531 GOLF VIEW DRIVE
WESTON, FL 33327-1402**Current Mailing Address:**2531 GOLF VIEW DRIVE
WESTON, FL 33327-1402 US**FEI Number: 81-1709197****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BENTLEY, RICHARD
2531 GOLF VIEW DRIVE
WESTON, FL 33327-1402 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 C, CEO
Name ROTHMAN, LAWRENCE
Address 2531 GOLF VIEW DRIVE
City-State-Zip: WESTON FL 33327-1402

Title DIRECTOR
Name GAFFEN, HARVEY
Address 2531 GOLF VIEW DRIVE
City-State-Zip: WESTON FL 33327-1402

Title VD
Name BERMAN, WALLY
Address 2531 GOLF VIEW DRIVE
City-State-Zip: WESTON FL 33327-1402

Title LD
Name KROLICK, MARSHALL
Address 2531 GOLF VIEW DRIVE
City-State-Zip: WESTON FL 33327-1402

Title TD
Name BENTLEY, RICHARD
Address 2531 GOLF VIEW DRIVE
City-State-Zip: WESTON FL 33327-1402

Title VD
Name JACOBO, MARIA
Address 2531 GOLF VIEW DRIVE
City-State-Zip: WESTON FL 33327-1402

Title CTO
Name PUNIAN, AMANDEEP
Address 2531 GOLF VIEW DRIVE
City-State-Zip: WESTON FL 33327-1402

Title DIRECTOR
Name BONNY GAFFEN
Address 2531 GOLF VIEW DRIVE
City-State-Zip: WESTON FL 33327-1402

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****03/26/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date