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May 14 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737449 (9)

1. Corporation Name

THE HAVEN, INC.

Principal Place of Business

Mailing Address

21441 BOCA RIO ROAD
BOCA RATON FL 33433

21441 BOCA RIO ROAD
BOCA RATON FL 33433



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

12/07/1976

4. FEI Number

59-1708452

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MIRZA, PAT
21441 BOCA RIO ROAD
BOCA RATON FL 33433

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Patricia Mirza, Exec. Dir.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD
NAME LEVINSON, PHILIP Z
STREET ADDRESS 1300 NORTH FEDERAL HIGHWAY, #107
CITY-ST-ZIP BOCA RATON FL

1.1 TITLE D, VC
1.2 NAME Levinson, Philip Z
1.3 STREET ADDRESS 1300 N. Federal H'way, #107
1.4 CITY-ST-ZIP Boca Raton, FL 33432

TITLE DP
NAME SAMIANO, ANTHONY
STREET ADDRESS 52 NORTH SINTON AVENUE
CITY-ST-ZIP DELRAY BEACH FL

2.1 TITLE D, T
2.2 NAME Maczko, Patricia
2.3 STREET ADDRESS 1800 Corporate Blvd. N.W. #200
2.4 CITY-ST-ZIP Boca Raton, FL 33431

TITLE DV
NAME BRUNO, JOAN
STREET ADDRESS 5412 NW 57TH WAY
CITY-ST-ZIP CORAL SPRINGS FL

3.1 TITLE D, C.
3.2 NAME Bruno, Joan
3.3 STREET ADDRESS 5412 N.W. 57th Way
3.4 CITY-ST-ZIP Coral Springs, FL 33067

TITLE DT
NAME WILSMAN, ELIZABETH
STREET ADDRESS 100 WEST PALMETTO PARK DRIVE
CITY-ST-ZIP BOCA RATON FL

4.1 TITLE D.S.
4.2 NAME Aebersold, Stephanie
4.3 STREET ADDRESS 3087 N.E. 7th Drive
4.4 CITY-ST-ZIP Boca Raton, FL 33431

TITLE DED
NAME MIRZA, PAT
STREET ADDRESS 21441 BOCA RIO ROAD
CITY-ST-ZIP BOCA RATON FL

5.1 TITLE D, ED.
5.2 NAME Mirza, Patricia
5.3 STREET ADDRESS 21441 Boca Rio Road
5.4 CITY-ST-ZIP Boca Raton, FL 33433

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia Mirza, Exec. Dir.

4/28/98

(561) 483-0962

CR2E037 (10/97)