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Mar 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997

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



DOCUMENT # N04081 (8)

1. Corporation Name
HABCENTER FOUNDATION, INC.

Principal Place of Business
**22313 BOCA RIO ROAD
BOCA RATON FL 33433-4701
US**

Mailing Address
**22313 BOCA RIO ROAD
BOCA RATON FL 33433-4701
US**



2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
07/09/1984

3a. Date of Last Report
04/24/1996

4. FEI Number
59-2425656

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
**HAZELTINE, LAURIE M
22313 BOCA RIO RD.
BOCA RATON FL 33433**

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	DUFFEY, PAUL K JR
STREET ADDRESS	1300 N FEDERAL HIGHWAY
CITY-ST-ZIP	BOCA RATON FL
TITLE	ST <input type="checkbox"/> DELETE
NAME	MORRISON, KAREN L
STREET ADDRESS	3757 LONE PINE RD.
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	P D <input type="checkbox"/> DELETE
NAME	KORNBLUTH, MARTIN
STREET ADDRESS	2032 LYNTHURST J
CITY-ST-ZIP	DEERFIELD BEACH FL
TITLE	DP <input type="checkbox"/> DELETE
NAME	FEIGL, RUTH
STREET ADDRESS	7402 PANACHE WAY
CITY-ST-ZIP	BOCA RATON FL
TITLE	V D <input type="checkbox"/> DELETE
NAME	SAPOSNEKOO, ZELDA
STREET ADDRESS	2040 LYNTHURST J
CITY-ST-ZIP	DEERFIELD BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Kornbluth, Martin
3.3 STREET ADDRESS	2032 Lynhurst J
3.4 CITY-ST-ZIP	Deerfield Beach, FL
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Feigl, Ruth
4.3 STREET ADDRESS	7402 Panache Way
4.4 CITY-ST-ZIP	Boca Raton, FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

BK Dep \$ 70.00

VB 3-20

CR2E037 (9/96)