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FILED
Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 725995 (5)

1. Corporation Name
PORT RICHEY - HUDSON CHATER #1357 OF AMERICAN ASSOCIATION OF RETIRED PERSONS INC



Principal Place of Business 8253 HIXTON DR PORT RICHEY FL 34668	Mailing Address 8253 HIXTON DR PORT RICHEY FL 34668
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3. Date Incorporated or Qualified
04/03/1973

4. FEI Number
23-7265395

Applied For	Not Applicable
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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
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6. Certificate of Status Desired **\$8.75 Additional Fee Required**

8. Election Campaign Financing Trust Fund Contribution **\$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

**MORGENSTERN, CLARA
8253 HIXTON DR
PORT RICHEY FL 34668**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number Is Not Acceptable)	
83.	
84. City	FL

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	PD	<input type="checkbox"/> DELETE
NAME	MORGENSTERN, CLARA	
STREET ADDRESS	8253 HIXTON DR	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TOPARCEAN, GENE	
STREET ADDRESS	7207 FIRESIDE DRIVE	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HELBIG, RUTH	
STREET ADDRESS	8130 BRADDOCK CIRCLE 2, TIMBER OAKS	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CHEPREN, LORRAINE	
STREET ADDRESS	7214 JEANNE AVE	
CITY-ST-ZIP	RAYONET PT FL 34667	
TITLE	SECRETARY: D	<input type="checkbox"/> DELETE
NAME	RAMSEY, DOROTHY	
STREET ADDRESS	9438 U, S, #19	
CITY-ST-ZIP	PORT RICHEY, FL, 34667	
TITLE	TREASURER: D	<input type="checkbox"/> DELETE
NAME	PANICI, JOHN	
STREET ADDRESS	8340 HIGH POINT CIRCLE APT. 1	
CITY-ST-ZIP	PORT RICHEY, FL, 34668	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	RAMSEY, DOROTHY SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	9438 US, #19	
1.3 STREET ADDRESS	PORT RICHEY, FL, 34667	
1.4 CITY-ST-ZIP		
2.1 TITLE	PANICI, JOHN TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	8340 HIGH POINT CIRCLE APT. 1	
2.3 STREET ADDRESS	PORT RICHEY, FL, 34668	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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: *John Panici TD* *march 19 1998 (813) 868-8351*

CR2E037 (10/97)