

FILED
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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 725995
 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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/03/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7265395
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

8. Name and Address of Current Registered Agent MORGENSTERN, CLARA 8253 HIXTON DR PORT RICHEY FL 34668		10. Name and Address of New Registered Agent	
<i>Remains same for another year</i>		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: *Clara Morgenstern* President DATE: 1-14-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	MORGENSTERN, CLARA 8253 HIXTON DR PORT RICHEY FL 34668	1.1 TITLE PD	MORGENSTERN, CLARA 8253 HIXTON DR PORT RICHEY, FL 34668
TITLE VD	TOPARCEAN, GENE 7207 FIRESIDE DRIVE PORT RICHEY FL 34668	2.1 TITLE VB	MERRILL C. HAMMOND 7800 VENICE DR PORT RICHEY FL 34668
TITLE SD	RAMSEY, DOROTHY 9438 US 19 PORT RICHEY FL 34667	3.1 TITLE SEC SD	LORETTA HAMMOND 7800 VENICE DR PORT RICHEY FL 34668
TITLE TD	PANICI, JOHN 8340 HIGH POINT CIR, APT 1 PT RICHEY FL 34668	4.1 TITLE TD	LOUISE RECH 16130 FROST DRIVE HUDSON, FL 34667-4157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: *Clara Morgenstern* PRES. DATE: 1-14-99-727-862-9418
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E037 (1/98)