

FILE NOW: FILING FEE IS \$61.25

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Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moogham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 726907 (9)

1. Corporation Name
TAMARAC CHAPTER #1430 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business C/O GLORIA C. MERRILL 8501 N.W. 45 STREET LAUDERHILL FL 33351 US	Mailing Address C/O GLORIA C. MERRILL 8501 N.W. 45 STREET LAUDERHILL FL 33351 US
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3. Date Incorporated or Qualified 07/10/1973	
4. FEI Number 23-7290154	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 90 Helma Zimberoff Suite, Apt. #, etc. 22 6190 Woodlands Blvd City & State 23 Tamarac FL Zip 24 33351	2a. Mailing Address 25 Helma Zimberoff Suite, Apt. #, etc. 26 6190 Woodlands Blvd City & State 27 Tamarac FL Zip 28 33351	Country 25 U.S.	Country 28 U.S.
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9. Name and Address of Current Registered Agent
**MERRILL, GLORIA C P
8501 N.W. 45 STREET
LAUDERHILL FL 33351**

10. Name and Address of New Registered Agent

81 Name Helma Zimberoff		
82 Street Address (P.O. Box Number is Not Acceptable) 6190 Woodlands Blvd		
83		
84 City Tamarac	85 State FL	86 Zip Code 33319

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 **Helma Zimberoff** **Helma Zimberoff** **PRESIDENT** **3/20/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE PD	NAME MERRILL, GLORIA	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 8501 NW 45TH ST	CITY-ST-ZIP LAUDERHILL FL 33351	
TITLE VD	NAME ZIMBEROFF, THELMA	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 6190 WOODLANDS BLVD.	CITY-ST-ZIP TAMARAC FL 33319	
TITLE TP	NAME LA MOTT, LENORE	<input type="checkbox"/> DELETE
STREET ADDRESS 7960 SUNRISE LAKES DR., W., BLDG 23, #306	CITY-ST-ZIP SUNRISE FL	
TITLE SD	NAME KRAMER, JEANNETTE	<input type="checkbox"/> DELETE
STREET ADDRESS 9823 N.W. 75 COURT	CITY-ST-ZIP TAMARAC FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME THELMA ZIMBEROFF	
1.3 STREET ADDRESS 6190 WOODLANDS BLVD	
1.4 CITY-ST-ZIP TAMARAC FL 33319	
2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME GLORIA MERRILL	
2.3 STREET ADDRESS 8501 NW 45th St.	
2.4 CITY-ST-ZIP LAUDERHILL FL 33351	
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: **Helma Zimberoff** **3-11-98**

CP2E037 (10/97)