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Apr 18 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 # 729484 (6)

1. Corporation Name

SILVER SPRINGS SHORES CHAPTER #1662 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business

Mailing Address

C/O OLIVE LEWIS
4 SILVER COURT
OCALA FL 34472

C/O OLIVE LEWIS
4 SILVER COURT
OCALA FL 34472-2308

3. Date Incorporated or Qualified
04/25/1974

3a. Date of Last Report
05/20/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
23-7379638

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$6.75 Additional Fee Required

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHEDIN, CHRISTINE
68 SAPPHIRE ROAD
OCALA FL 34472

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE T DELETE
NAME LEWIS, OLIVE L
STREET ADDRESS 4 SILVER COURT
CITY-ST-ZIP Ocala FL 34472

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D DELETE
NAME GOODROE, ONETA
STREET ADDRESS 8881 SE 90TH AVENUE ROAD
CITY-ST-ZIP Ocala FL 34472

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DELETE
NAME BABKA, ALICE
STREET ADDRESS 8 SILVER RUN
CITY-ST-ZIP Ocala FL 34472

3.1 TITLE D Change Addition
3.2 NAME KNIGHT, LORRAINE
3.3 STREET ADDRESS 6 PECAN RUN TRACE
3.4 CITY-ST-ZIP Ocala, FL, 34472

TITLE S DELETE
NAME SCHEDIN, CHRISTINE
STREET ADDRESS 68 SAPPHIRE ROAD
CITY-ST-ZIP Ocala FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME BARBA, JEAN
STREET ADDRESS 3 CLEAR RUN
CITY-ST-ZIP Ocala FL 34472

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE VP DELETE
NAME KING, VIRGINIA
STREET ADDRESS 585 A FAIRWAYS CIR.
CITY-ST-ZIP Ocala FL

6.1 TITLE Change 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.

SIGNATURE: *Christine Schedin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-97 853-689-1596
Date Daytime Phone # 0065747

CR2E037 (9/96)