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Apr 19, 1999 8:00 am
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 # 729484

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

Principal Place of Business C/O OLIVE LEWIS 4 SILVER COURT OCALA FL 34472	Mailing Address C/O OLIVE LEWIS 4 SILVER COURT OCALA FL 34472
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/25/1974
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7379638
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

9. Name and Address of Current Registered Agent

SCHEDIN, CHRISTINE
 68 SAPPHIRE ROAD
 OCALA FL 34472

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	LEWIS, OLIVE L	
STREET ADDRESS	4 SILVER COURT	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOODROE, ONETA	
STREET ADDRESS	8881 SE 90TH AVENUE ROAD	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCHEDIN, CHRISTINE	
STREET ADDRESS	68 SAPPHIRE ROAD	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BARBA, JEAN	
STREET ADDRESS	3 CLEAR RUN	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KING, VIRGINIA	
STREET ADDRESS	585 A FAIRWAYS CIR.	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KNIGHT, LORRAINE	
STREET ADDRESS	6 PECAN RUN TRACE	
CITY-ST-ZIP	OCALA FL 34472	

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 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 checked="" type="checkbox"/> Addition
4.2 NAME	MARIE CIARALDI
4.3 STREET ADDRESS	7 Silver Run
4.4 CITY-ST-ZIP	Ocala, FL 34472
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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED *[Signature]* Date: Apr. 13, 1999 Daytime Phone #: 352-687-1556

CR2E037 (11/98)