

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2009
Secretary of State**

DOCUMENT# 729484

Entity Name: SILVER SPRINGS SHORES CHAPTER #1662 OF AARP, INC.

Current Principal Place of Business:

C/O MIRIAM ALRIDGE
329 OAK TRACK COURSE
OCALA, FL 34472

New Principal Place of Business:

Current Mailing Address:

C/O MIRIAM ALRIDGE
329 OAK TRACK COURSE
OCALA, FL 34472

New Mailing Address:

FEI Number: 23-7379638 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
329 OAK TRACK COURSE
OCALA, FL 34472 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: JORDAN, THELMA
Address: 6 CLEAR LANE
City-St-Zip: Ocala, FL 34472

Title: D () Delete
Name: MILCIUS, JOSEE
Address: 7 EMERALD WAY
City-St-Zip: Ocala, FL 34472

Title: S () Delete
Name: CAMPBELL, KATHLEEN
Address: 10 BAHIA WAY
City-St-Zip: Ocala, FL 34472

Title: T () Delete
Name: ALRIDGE, MIRIAM
Address: 329 OAK TRACK COURSE
City-St-Zip: Ocala, FL 34472

Title: D () Delete
Name: HUGHES, DOROTHY
Address: 61 HICKORY TRACK WAY
City-St-Zip: Ocala, FL 34472

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: HUGHES, DOROTHY
Address: 61 HICKORY TRACK WAY
City-St-Zip: Ocala, FL 34472

Title: D () Change (X) Addition
Name: JACKSON, DOROTHY
Address: 9350 BAHIA ROAD
City-St-Zip: Ocala, FL 34472

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIRIAM ALRIDGE

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04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date