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Jul 04, 2002 8:00 am
Secretary of State
04-30-2002 90052 027 ****61.25

37852

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765556

1. Entity Name

POINCIANA CHAPTER #3520 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
307 EDGEWOOD COURT POINCIANA FL 34759 US DELETE	504 CARLSBAD ROAD POINCIANA FL 34758 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
701 Caddy DR.	504 Carlsbad DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: POINCIANA FLA	City & State: POINCIANA FLA
Zip: 34759 County: POLK	Zip: 34758 Country: USA OSCEOLA

4. FEI Number: 59-2810995 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~ROUSCH, ROBERT~~ 504 CARLSBAD ROAD POINCIANA FL 34758 DECEASED	Name: WINIFRED S FIELDS Street Address (P.O. Box Numbers Not Acceptable): 701 E CADDY LANE POINCIANA FL 34759 City FL Zip Code

8. 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: ~~Dorothea A. Mullen~~ Winifred A. Fields 7-1-02 4-15-2002

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MULLEN, DOROTHEA 504 CARLSBAD DR POINCIANA FL 34758	☐ Delete SAME	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER Dorothea A. Mullen ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REED, JUNE 794 DEL PRADO POINCIANA FL 34758	☐ Delete SAME	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	June Reed ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FIELDS, WINIFRED S 701 E. CADDY LANE POINCIANA FL 34759	☐ Delete SAME	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT Winifred A. Fields ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TP STEPHENS, DORIS 6 FLAG DRIVE POINCIANA FL 34759	☐ Delete SAME	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BARBARA HOKAUSON 716 PAKITE DR KISSIMMEE FL 34758	☐ Delete SAME	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT SECRETARY Barbara Hokanson ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4-15-2002 407-870-0328

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #