2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2007 08:00 AM
Secretary of State

DOCUMENT # 765556

1. Entity Name
POINCIANA CHAPTER #3520 OF AARP, INC.

Principal Place of Business	Mailing Address
701 CADDY LANE POINCIANA, FL 34759 US	701 CADDY LANE POINCIANA, FL 34759 US

07162007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

FIELDS, WINIFRED A
701 E CADDY LANE
POINCIANA, FL 34759

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Winifred A Fields 7-21-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FIELDS, WINIFRED A
STREET ADDRESS	701 E. CADDY LANE
CITY-ST-ZIP	POINCIANA, FL 34759
TITLE	VP
NAME	TATMAN, JUNE
STREET ADDRESS	708 BEAR WAY
CITY-ST-ZIP	POINCIANA, FL 34759
TITLE	S
NAME	WILLIAMSON, RUTH
STREET ADDRESS	912 SAN RAFAEL
CITY-ST-ZIP	POINCIANA, FL 34758
TITLE	T
NAME	DEAL, MARY
STREET ADDRESS	13 FLAG DRIVE
CITY-ST-ZIP	POINCIANA, FL 34759
TITLE	AT
NAME	SACCARO, PAT FURREY
STREET ADDRESS	435 HUNTER CR.
CITY-ST-ZIP	POINCIANA, FL 34758
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD0000770412
07/25/07-80002-009 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Winifred A Fields 7-21-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #