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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **768254** (5)

1. Corporation Name

SANLANDO CHAPTER #3578 OF AMERICAN ASSOCIATION O F RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
503 OAK HAVEN DRIVE ALTAMONTE SPRINGS FL 32701 US	503 OAK HAVEN DRIVE ALTAMONTE SPRINGS FL 32701 US

3. Date Incorporated or Qualified: 05/03/1983

4. FEI Number: 95-3827768 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 727 Little Wekiva Cir.	26 727 Little Wekiva Circ.
22 Suite Apt. #, etc.	27 Suite, Apt. #, etc.
23 Altamonte Springs, FL	28 Altamonte Springs, FL
24 Zip 32714 / 25 Country US	29 Zip 32714 / 30 Country

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LEFEVRE, RUTH
503 OAK HAVEN DRIVE
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name: C. David Blackwell
82 Street Address (P.O. Box Number is Not Acceptable): 727 Little Wekiva Circle
83
84 City: Altamonte Springs, FL 85 Zip Code: 32714

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: C. David Blackwell C. DAVID BLACKWELL PRESIDENT 1/15/98
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	VP	☐ DELETE	1.1 TITLE	T	☒ Change ☐ Addition
NAME	NARDIELLO, EILEEN		1.2 NAME	Nardiello, Eileen	
STREET ADDRESS	2396 WESTWOOD DRIVE		1.3 STREET ADDRESS	n/c	
CITY-ST-ZIP	LONGWOOD FL 32779		1.4 CITY-ST-ZIP	n/c	
TITLE	S	☒ DELETE	2.1 TITLE	S	☐ Change ☒ Addition
NAME	BRUCKEN, GEORGE A		2.2 NAME	~~Xxxx~~ Lovestrand, Paul	
STREET ADDRESS	220 ST ANDREWS PL 2206		2.3 STREET ADDRESS	500 Preston Rd.	
CITY-ST-ZIP	WINTER PARK FL		2.4 CITY-ST-ZIP	Longwood, FL 32750	
TITLE	P	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	LEFEVRE, RUTH		3.2 NAME	LeFevre, Ruth	
STREET ADDRESS	503 OAK HAVEN DRIVE		3.3 STREET ADDRESS	n/c	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701		3.4 CITY-ST-ZIP	n/c	
TITLE	T	☒ DELETE	4.1 TITLE	P	☐ Change ☒ Addition
NAME	BOZZACCO, ELIZABETH		4.2 NAME	Blackwell, C. David	
STREET ADDRESS	275 E CENTRAL PARKWAY 1611		4.3 STREET ADDRESS	727 Little Wekiva Circle	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		4.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	
TITLE	D	☒ DELETE	5.1 TITLE	VP/D	☐ Change ☒ Addition
NAME	HOLMBERG, PAUL		5.2 NAME	Blackwell, Ruth	
STREET ADDRESS	1406 CARDINAL ST		5.3 STREET ADDRESS	727 Little Wekiva Circle	
CITY-ST-ZIP	LONGWOOD FL		5.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	TROKE, MARY		6.2 NAME		
STREET ADDRESS	530 CRANES WAY #301		6.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: REQUIRED C. David Blackwell (P) 1/15/98 (407) 774-4755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #