FILE NOW: FILING FEE IS $61.25

FILED
Apr 09, 1999 8:00 am
Secretary of State
04-09-1999 90026 032 ****61.25

0013064

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

311388 - 90026 - 32

DOCUMENT # 768254

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

Principal Place of Business	Mailing Address
727 LITTLE WEKIVA CIR ALTAMONTE SPRINGS FL 32714 US	727 LITTLE WEKIVA CIR ALTAMONTE SPRINGS FL 32714 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/03/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 95-3827768 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BLACKWELL, C DAVID
727 LITTLE WEKIVA CIRCLE
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City **FL** 85 Zip Code

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	NARDIELLO, EILEEN		1.2 NAME	
STREET ADDRESS	2396 WESTWOOD DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779		1.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LOVESTRAND, PAUL		2.2 NAME	
STREET ADDRESS	500 PRESTON RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750		2.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	3.1 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	LEFEVRE, RUTH		3.2 NAME	IRETA M. O'MALLEY
STREET ADDRESS	503 OAK HAVEN DRIVE		3.3 STREET ADDRESS	275 E. CENTRAL PARKWAY, #528
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701		3.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	P	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BLACKWELL, C DAVID		4.2 NAME	
STREET ADDRESS	727 LITTLE WEKIVA CIRCLE		4.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		4.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BLACKWELL, RUTH		5.2 NAME	
STREET ADDRESS	727 LITTLE WEKIVA CIRCLE		5.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		5.4 CITY-ST-ZIP	
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	

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** 3/10/99 407.774.4755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)