

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

03-02-2005 90083 007 \*\*\*61.21  
N03698

DOCUMENT # N03698

1. Entity Name

WEST ORANGE CHAPTER #3697 OF AARP, INC.



FILED

05 MAR 15 PM 2:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA 32301-5444



1st MOORE CR2E037 (10/04)

Principal Place of Business  
HYDE PARK MOBILE PARK  
14253 W. COLONIAL DRIVE  
WINTER GARDEN FL 34787  
US

Mailing Address  
867 ROYAL VIEW CIRCLE  
WINTER GARDEN FL  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 33-0042706  
Applied For Not Applicable

Zip Country

Zip Country

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

ARMBRUSTER, SARA  
867 ROYAL VIEW CIRCLE  
WINTER GARDEN FL 34787

Name  
Street Address (P.O. Box Number is Not Acceptable)  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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  
Due By May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME BLACK, MART ☐ Delete  
STREET ADDRESS 400 FULLERS CROSS ROAD  
CITY- ST- ZIP WINTER GARDEN FL 34787

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE VD  
NAME BRASWELL, ESTHER ☐ Delete  
STREET ADDRESS 980 HYDE PARK CIRCLE  
CITY- ST- ZIP WINTER GARDEN FL 34787

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE SD  
NAME MERCHANT, DORIS ☒ Delete  
STREET ADDRESS 790 LONDON BRIDGE ROAD  
CITY- ST- ZIP WINTER GARDEN FL 34787

TITLE SD  
NAME WASHINGTON MILDRED H ☒ Change ☐ Addition  
STREET ADDRESS 908 EAST BAY STREET  
CITY- ST- ZIP WINTER GARDEN FL 34787

TITLE TD  
NAME ARMBRUSTER, SARA ☐ Delete  
STREET ADDRESS 867 ROYAL VIEW CIRCLE  
CITY- ST- ZIP WINTER GARDEN FL 34787

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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: Sarah P. Armbuster SARAH P. ARMBUSTER FEB 26, 2005 407-905-5796  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone