

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N06382 (8)**

1. Corporation Name

**GOLDEN GATE AREA CHAPTER #3753 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.**



Principal Place of Business: **GOLDEN GATE COMMUNITY CENTER, GOLDEN GATE FL 33999, US**  
Mailing Address: **4820 32ND AVE SW, NAPLES FL 33999, US**

3. Date Incorporated or Qualified: **11/29/1984**  
3a. Date of Last Report: **02/20/1995**

|    |                                |    |                     |    |  |   |
|----|--------------------------------|----|---------------------|----|--|---|
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address | 4. | FEI Number   | Applied For   |
|    | Suite, Apt. #, etc.            |    | Suite, Apt. #, etc. |    | <b>59-2425583</b>  | Not Applicable  |
| 22 | City & State                   | 27 | City & State        | 5. | Certificate of Status Desired  | <input type="checkbox"/> \$8.75 Additional Fee Required             |
| 23 | Zip                            | 28 | Zip                 | 6. | Election Campaign Financing Trust Fund Contribution                                  | <input type="checkbox"/> \$5.00 May Be Added to Fees                |
| 24 | Country                        | 29 | Country             | 8. | This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

**9. Name and Address of Current Registered Agent**

**HALL, HELEN W  
2491 43RD ST SW  
NAPLES FL 33999**

**10. Name and Address of New Registered Agent**

|    |  |                             |
|----|--|-----------------------------|
| 81 | Name   | <b>ROBERT LOCKER</b>        |
| 82 | Street Address (P.O. Box Number is Not Acceptable) | <b>4820 32nd. AVE. S.W.</b> |
| 83 | City   | <b>GOLDEN GATE</b>          |
| 84 | State  | <b>FL</b>                   |
| 85 | Zip Code   | <b>33999</b>                |

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: **ROBERT LOCKER** *Robert Locker* **1/19/1996**

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>P</b> <input checked="" type="checkbox"/> DELETE | 11 TITLE  | <b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>KOLLARCK, FRANK</b>                              | 12 NAME   | <b>SCOTT FRENCH</b>   |
| STREET ADDRESS             | <b>5355 19TH AVE SW</b>                             | 13 STREET ADDRESS                                     | <b>4181 30th. AVE.S.W.</b>  |
| CITY-ST-ZIP                | <b>NAPLES FL</b>                                    | 14 CITY-ST-ZIP  | <b>GOLDEN GATE, FL. 33999</b>   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE            | 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME                       | <b>COVONE, PAT</b>                                  | 22 NAME   |   |
| STREET ADDRESS             | <b>4472 30TH PL SW</b>                              | 23 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | <b>NAPLES FL</b>                                    | 24 CITY-ST-ZIP  |   |
| TITLE                      | <b>V</b> <input checked="" type="checkbox"/> DELETE | 31 TITLE  | <b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>HALL, HELEN</b>                                  | 32 NAME   | <b>GENEVA TILL</b>  |
| STREET ADDRESS             | <b>2491 43RD ST SW</b>                              | 33 STREET ADDRESS                                     | <b>2164 42nd. ST. S.W.</b>  |
| CITY-ST-ZIP                | <b>NAPLES FL</b>                                    | 34 CITY-ST-ZIP  | <b>GOLDEN GATE, FL. 33999</b>   |
| TITLE                      | <b>T</b> <input type="checkbox"/> DELETE            | 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME                       | <b>LOCKER, BOB</b>                                  | 42 NAME   |   |
| STREET ADDRESS             | <b>4820 32ND AVE SW</b>                             | 43 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | <b>NAPLES FL</b>                                    | 44 CITY-ST-ZIP  |   |
| TITLE                      | <b>S</b> <input type="checkbox"/> DELETE            | 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME                       | <b>PARTINGTON, BARBARA</b>                          | 52 NAME   |   |
| STREET ADDRESS             | <b>4415 23RD PL SW</b>                              | 53 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | <b>NAPLES FL</b>                                    | 54 CITY-ST-ZIP  |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE            | 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME                       | <b>FIEDLER, EDNA</b>                                | 62 NAME   |   |
| STREET ADDRESS             | <b>4397 20TH PLACE SW</b>                           | 63 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | <b>NAPLES FL</b>                                    | 64 CITY-ST-ZIP  |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Robert Locker* **ROBERT LOCKER** **1/19/96** **941-455-6725**

CR2E037 (12/95)