

2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 09, 2002 8:00 am
Secretary of State

02-10-2002 90003 022 ****61.25

DOCUMENT # N06382

1. Entity Name

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

Principal Place of Business

GOLDEN GATE COMMUNITY CENTER
 GOLDEN GATE FL 34116
 US

Mailing Address

AAARP Area
 Carrie R. Starzec
 228 Belina Dr. Apt. 3
 Naples, FL 34104

2. Principal Place of Business

3. Mailing Address

228 Belina Dr



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Apt # 3

Suite, Apt. #, etc.

Naples, FL 34104 APT 3

City & State

City & State

Naples FL

4. FEI Number

59-2425583

Applied For

Not Applicable

Zip

Collier

Zip

24107

Country

Collier

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

Carrie R. Starzec
 228 Belina Dr. Apt. 3
 Naples, FL 34104

Name

Street

S

Carrie R. Starzec

228 Belina Dr. Apt. 3

Naples, FL 34104

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.

SIGNATURE

Carrie R. Starzec Treasurer

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	WRIGHT, ROBERT	173 PEBBLE BEACH CIR.	NAPLES FL 34113	<input type="checkbox"/>
	<i>Director</i> WELLBORN, SAM	815 NURSERY LN	NAPLES FL 34119	<input type="checkbox"/>
	<i>Director</i> FERGUSON, TOM	2877-VAN BUREN-AVE	NAPLES FL 34116	<input type="checkbox"/>
	FRENCH, SCOTT L	4181-30TH AVE SW	NAPLES FL 34116	<input checked="" type="checkbox"/>
	PARTINGTON, BARBARA	4415 23RD PL SW	NAPLES FL 34116	<input checked="" type="checkbox"/>
	LOCKER, DONNA	4820 32ND AVE SW	NAPLES FL 34116	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	<i>Same</i>			<input type="checkbox"/>	<input type="checkbox"/>
	<i>Same</i>			<input type="checkbox"/>	<input type="checkbox"/>
	<i>Same</i>			<input type="checkbox"/>	<input type="checkbox"/>
		Carrie R. Starzec 228 Belina Dr. Apt. 3 Naples, FL 34104		<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<i>2</i> DONNA LOCKER	<i>4820 32nd Ave S.W</i>	<i>Naples, FL 34116</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<i>Carol Beltinger</i>	<i>2065 44th St S.W</i>	<i>Naples, FL 34116</i>	<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (9/01)

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:

Carrie R. Starzec

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/02 941 4555264

Date

Daytime Phone #