

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90044 012 \*\*\*\*61.25

**DOCUMENT # N06382**

1. Entity Name

GOLDEN GATE AREA CHAPTER #3753 OF AARP, INC.



Principal Place of Business

228 BELINA DR.  
 APT #3  
 NAPLES FL 34104  
 US

Mailing Address

228 BELINA DR.  
 APT #3  
 NAPLES FL 34104  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE CR2E037 (11/03)

4. FEI Number

59-2425583

Applied For

Not Applicable

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

STARZEC, CARRIE R  
 228 BELINA DR. APT. # 3  
 NAPLES FL 34104

*AARP Chapter 3753*

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

*Carrie Starzec*

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, 2004**

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 NAME	P WRIGHT, ROBERT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	173 PEBBLE BEACH CIR.	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE NAME	D RUBLE, LEO	<input type="checkbox"/> Delete
STREET ADDRESS	4229-17TH AVE.	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE NAME	<del>FERGUSON, TOM</del>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<del>2877 VAN BUREN AVE</del>	
CITY-ST-ZIP	<del>NAPLES FL 34116</del>	
TITLE NAME	T STARZEC, CAIRIE R	<input type="checkbox"/> Delete
STREET ADDRESS	228 BELINA DR. APT. #3	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE NAME	<del>S LOCKER, DONNA</del>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<del>4820 3RD AVE SW</del>	
CITY-ST-ZIP	<del>NAPLES FL 34116</del>	
TITLE NAME	D BETTINGER, CAROL	<input type="checkbox"/> Delete
STREET ADDRESS	7845 SANDPINE CT., #4	
CITY-ST-ZIP	NAPLES FL 34104	

TITLE NAME	<i>President</i> DONALD COLBERT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3570 12 AVENUE E	
CITY-ST-ZIP	34120 34117	
TITLE NAME	<i>Vice President</i> Richard Dimms	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4390 23rd Ave	
CITY-ST-ZIP	34116	
TITLE NAME	<i>Secretary</i> Neddy Stewart	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	190 20th St S.W.	
CITY-ST-ZIP	34117	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Carrie Starzec*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #