

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

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90235 006 ****61.25

DOCUMENT # N06382
 1. Entity Name
GOLDEN GATE AREA CHAPTER #3753 OF AARP, INC.



Principal Place of Business* Mailing Address
 228 BELINA DR. 228 BELINA DR.
 APT #3 APT #3
 NAPLES FL 34104 NAPLES FL 34104
 US US

2. Principal Place of Business 3. Mailing Address
 4220 145T NE 4220 145T NE
 Suite, Apt. #, etc. Suite, Apt. #, etc.



1st MOORE CR2E037 (10/04)

City & State NAPLES FL City & State NAPLES FL
 Zip 34120 Country US Zip 34120 Country US

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

7. Name and Address of New Registered Agent
 Name CARL MAGEE
 Street Address (P.O. Box Number is Not Acceptable) 4220 145T NE
 City NAPLES FL Zip Code 34120

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 Carl Magee DATE 4-19-05
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

TITLE P	COLBERT, DONALD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2570 12 AVE., N.E.	
CITY-ST-ZIP	NAPLES FL 34120	
TITLE D	RUBLE, LEO	<input type="checkbox"/> Delete
STREET ADDRESS	4229-17TH AVE.	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE VP	DIMOND, RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS	4390 23RD AVE. SW.	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE T	STARZEC, CAIRIE R	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	228 BELINA DR. APT. #3	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE S	STEWART, HEDDY	<input type="checkbox"/> Delete
STREET ADDRESS	180 20TH ST., S.W.	
CITY-ST-ZIP	NAPLES FL 34117	
TITLE D	BETTINGER, CAROL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7845 SANDPINE CT., #4	
CITY-ST-ZIP	NAPLES FL 34104	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P	LANI OVERTON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1451 13 AVE N	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE T	Carl Magee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4220 145T NE	
CITY-ST-ZIP	Naples FL 34120	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE D	Jan Dimond	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4390 23rd ave SW	
CITY-ST-ZIP	Naples FL 34116	

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: Carl Magee CARL MAGEE 5-19-05 239-304-1881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #