

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

0071322

03-25-2002 90051 038 \*\*\*\*61.25

**DOCUMENT # N12334**

1. Entity Name

**LAKES CHAPTER #3837 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.**

Principal Place of Business

Mailing Address

MIAMI LAKES COMMUNITY CENTER  
 15151 MONTROSE RD  
 MIAMI LAKES FL 33014  
 US

LAKES CHAPTER AARP  
 550 SW 138TH AVE K403  
 HOLLYWOOD FL 33027  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2457494

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLBERT, DON  
 3860 W 2ND AVENUE  
 HIALEAH FL 33012

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

33014

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

*Rosemary Fritch*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/12/02

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	DP COLBERT, DON	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3860 W 2ND AVENUE	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE NAME	DVP CHERRY, FREDA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6315 CAGE PLACE #B-309	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE NAME	DS FRITCH, ROSEMARY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	67963 SHARPECROFT COURT	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE NAME	DT FRINK, CLARE	<input type="checkbox"/> Delete
STREET ADDRESS	550 SW 138TH AVE #K403	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE NAME	D CAFFARELLI, MARY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	651 E 38TH STREET	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE NAME	D FIENE, HELEN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6023 EAST 67TH AVENUE	
CITY-ST-ZIP	HIALEAH FL 33013	

TITLE NAME	DP FRITCH ROSEMARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	67963 SHARPECROFT CT.	
CITY-ST-ZIP	MIAMI LAKES, FL 33014	
TITLE NAME	DVP HENKE, RUTH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7791 W 18th LN	
CITY-ST-ZIP	MIAMI LAKES, FL 33014	
TITLE NAME	DS KATHERINE HERNANDEZ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	16855 N.W. 44AVE	
CITY-ST-ZIP	MIAMI FL 33014	
TITLE NAME	DT FRINK CLARE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	550 S.W. 138 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE NAME	D DOROTHY POSTEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	17518 NW 61 PLACE	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE NAME	D NALDA MEHEY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	999 W. 64 PLACE	
CITY-ST-ZIP	HIALEAH FL 33012	

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:

*Clare Frink* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 12-02 (954) 442-7110

Date

Daytime Phone #

CR2E037 (9/01)