

# 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 # **N45932** (3)

1. Corporation Name

**PALM LAKE/RIVIERA BEACH CHAPTER #4680 OF AMERICA  
N ASSOCIATION OF RETIRED PERSONS, INC.**



Principal Place of Business

Mailing Address

**7272 42ND WAY NORTH  
RIVIERA BEACH FL 33404  
US**

**113 GREENBRIER C  
WEST PALM BEACH FL 33417-2392**

3. Date Incorporated or Qualified  
**11/07/1991**

3a. Date of Last Report  
**09/25/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

**52-1707921**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREENWALD, WALTER H.  
113 GREENBRIER C  
WEST PALM BEACH FL 33417-2392**

81 Name

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

83

84 City

**FL**

85 Zip Code

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

Signature, typed or printed name of registered agent and street address

(NOTE: Registered Agent signatures required when filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD  
GREENWALD, WALTER H.  
113 GREENBRIER C  
WEST PALM BEACH FL 33417**

TITLE ☒ DELETE

NAME **VPD  
DUCLOS, ELENOR  
9134 40TH TRAIL  
RIVIERA BEACH FL 33404**

TITLE ☒ DELETE

NAME **TD  
PETERSON, MARILYN  
7346 42ND WAY  
RIVIERA BEACH FL 33404**

TITLE ☒ DELETE

NAME **SD  
MOOREHOUSE, DELORES  
4347 71ST STREET  
RIVIERA BEACH FL 33404**

TITLE ☒ DELETE

NAME **D  
DESAUTER, DORIS  
6968 43RD TRAIL  
RIVIERA BEACH FL 33404**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

25 TITLE ☒ Change ☐ Addition

26 NAME

27 STREET ADDRESS

28 CITY-ST-ZIP

29 TITLE ☒ Change ☐ Addition

30 NAME

31 STREET ADDRESS

32 CITY-ST-ZIP

33 TITLE ☐ Change ☐ Addition

34 NAME

35 STREET ADDRESS

36 CITY-ST-ZIP

37 TITLE ☐ Change ☐ Addition

38 NAME

39 STREET ADDRESS

40 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 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:

*Walter H. Greenwald*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96

407-478-6521

Date

Daytime Phone #

11-11-96

CR2E037 (12/95)