

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 725995

**Entity Name:** PORT RICHEY - HUDSON CHAPTER #1357 OF AARP, INC.

**Current Principal Place of Business:**

13004 DANIA STREET  
HUDSON, FL 34667

**Current Mailing Address:**

13004 DANIA STREET  
HUDSON, FL 34667

**FEI Number:** 23-7265395

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LIVINGSTON, SANDY  
13004 DANIA STREET  
HUDSON, FL 34667 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title SECRETARY  
Name BARNES, HELEN  
Address 7212 CHESHIRE COURT  
City-State-Zip: HUDSON FL 34667

Title PRESIDENT  
Name LIVINGSTON, JEFF  
Address 13004 DANIA STREET  
City-State-Zip: HUDSON FL 34667

Title VP  
Name RECH, LOUISETTE  
Address 16130 FROST DRIVE  
City-State-Zip: HUDSON FL 34667

Title TREASURER  
Name LIVINGSTON, SANDY  
Address 13004 DANIA STREET  
City-State-Zip: PORT RICHEY FL 34668

Title DIRECTOR  
Name TOPARCEAN, MARY  
Address 7202 FIRESIDE DRIVE  
City-State-Zip: PORT RICHEY FL 34668

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: SANDY LIVINGSTON**

**REGISTERED AGENT**

**04/25/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date