

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 729484

**Entity Name:** SILVER SPRINGS SHORES CHAPTER #1662 OF AARP, INC.

**FILED**  
**Feb 01, 2018**  
**Secretary of State**  
**CC2103320463**

**Current Principal Place of Business:**

C/O CONNIE M. COSTAS  
2 DOGWOOD TRAIL LANE  
OCALA, FL 34472

**Current Mailing Address:**

C/O CONNIE M. COSTAS  
2 DOGWOOD TRAIL LANE  
OCALA, FL 34472 US

**FEI Number:** 23-7379638

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            PRESIDENT  
Name            HAHN, PAUL  
Address        7885 MIDWAY DRIVE TERRACE  
                  E 101  
City-State-Zip: Ocala FL 34472

Title            VP  
Name            HUTCHINS, ROGER  
Address        1116 HICKORY ROAD  
City-State-Zip: Ocala FL 34472

Title            SECRETARY  
Name            HUTCHINS, ARDELLA  
Address        1116 HICKORY ROAD  
City-State-Zip: Ocala FL 34472

Title            TREASURER  
Name            COSTAS, CONNIE M.  
Address        2 DOGWOOD TRAIL LANE  
City-State-Zip: Ocala FL 34472

Title            2ND VP  
Name            SANDNER, MARY  
Address        581-A MIDWAY DRIVE  
City-State-Zip: Ocala FL 34472

Title            COORDINATOR  
Name            COSTAS, JAMES M  
Address        2 DOGWOOD TRAIL LANE  
City-State-Zip: Ocala FL 34472

*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: CONNIE M. COSTAS**

**TREASURER**

**02/01/2018**

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

\_\_\_\_\_  
Date