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**FILED**  
**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90048 036 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 705296**

1. Corporation Name

**DUNEDIN CHAPTER 46 OF THE AMERICAN ASSOCIATION OF RETIRED PERSONS INCORPORATED**

<b>Principal Place of Business</b> 138 D HUNTER LAKE DRIVE C/O DOROTHY G. BOURDON OLDSMAR FL 34677 US	<b>Mailing Address</b> 138 D HUNTER LAKE DRIVE C/O DOROTHY G. BOURDON OLDSMAR FL 34677 US
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<b>2. Principal Place of Business</b> 21 <b>3050 POINTER DRIVE</b> Suite, Apt. #, etc. 22 <b>90 GLORIA DUNN</b> City & State 23 <b>PALM HARBOR, FL</b> Zip Country 24 <b>34683</b> 25 <b>USA</b>	<b>2a. Mailing Address</b> 26 <b>3050 POINTER DRIVE</b> Suite, Apt. #, etc. 27 <b>90 GLORIA DUNN</b> City & State 28 <b>PALM HARBOR, FL</b> Zip Country 29 <b>34683</b> 30 <b>USA</b>	<b>3. Date Incorporated or Qualified</b> 05/25/1967 <b>4. FEI Number</b> 59-6209758 <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**9. Name and Address of Current Registered Agent**

**MONROE, MILDRED**  
**1571 SANTA MONICA DR.**  
**DUNEDIN FL 34698**

**10. Name and Address of New Registered Agent**

81 Name	<b>SAME</b>
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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]* (NOTE: Registered Agent signature required when reinstating) DATE

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE <b>P</b> NAME <b>BOURDON, DOROTHY G</b> STREET ADDRESS <b>138D HUNTER LAKE DR.</b> CITY-ST-ZIP <b>OLDSMAR FL 34677</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>P</b> 1.2 NAME <b>DUNN, GLORIA</b> 1.3 STREET ADDRESS <b>3050 POINTER DRIVE</b> 1.4 CITY-ST-ZIP <b>PALM HARBOR, FL 34683</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>V</b> NAME <b>DEMEIS, JANET</b> STREET ADDRESS <b>2460 NORTHSIDE DRIVE STE 150</b> CITY-ST-ZIP <b>CLEARWATER FL</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>V</b> 2.2 NAME <b>DEMEIS, JOSEPH</b> 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>S</b> NAME <b>COVEY, AGNES</b> STREET ADDRESS <b>2569 LAURELWOOD DR</b> CITY-ST-ZIP <b>CLEARWATER FL 34623</b>	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>T</b> NAME <b>CROWLEY, WALTER J</b> STREET ADDRESS <b>29081 US HIGHWAY 19N, LOT 87</b> CITY-ST-ZIP <b>CLEARWATER FL</b>	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>SWANSON, HILDA</b> STREET ADDRESS <b>986 SAN SALVADOR DRIVE</b> CITY-ST-ZIP <b>DUNEDIN FL 34698</b>	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>DEMEIS, JOSEPH</b> STREET ADDRESS <b>2460 NORTHSIDE DRIVE STE 150</b> CITY-ST-ZIP <b>CLEARWATER FL</b>	<input type="checkbox"/> DELETE	6.1 TITLE <b>D</b> 6.2 NAME <b>DEMEIS, JANET</b> 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 4-1-99 727/789-5056  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)