

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # 705296

1. Entity Name
DUNEDIN CHAPTER 46 OF THE AARP, INC.



Principal Place of Business Mailing Address

**80 REDWOOD DRIVE
SAFETY HARBOR FL 34695
US** **80 REDWOOD DRIVE
SAFETY HARBOR FL 34695
US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
80 REDWOOD DRIVE
SAFETY HARBOR FL 34695**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	BOURDON, DOROTHY	
STREET ADDRESS	80 REDWOOD DRIVE	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	V	☐ Delete
NAME	DEMIS, JANET	
STREET ADDRESS	2460 NORTHSIDE DRIVE STE 150	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	S	☐ Delete
NAME	TANNAHILL, JOAN	
STREET ADDRESS	2351 IRISH LANE, #5	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE	T	☐ Delete
NAME	DEMEIS, JOSEPH	
STREET ADDRESS	2460 NORTHSIDE DRIVE, SUITE 150	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	☐ Delete
NAME	SWANSON, HILDA	
STREET ADDRESS	986 SAN SALVADOR DRIVE	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	D	☐ Delete
NAME	O'NEIL, ALICE	
STREET ADDRESS	2700 BAYSHORE BLVD. # 5204	
CITY-ST-ZIP	DUNEDIN FL 34698	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 _____

3/1/06 727-77-7555



1st MOORE CR2ED37 (10/05)

4. FEI Number **59-6209758** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ FL Zip Code _____

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