

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705413

1. Entity Name

CLEARWATER CHAPTER-AMERICAN ASSOCIATION OF RETIR
ED PERSONS, INC.

Principal Place of Business

2165 NE COACHMAN RD
CLEARWATER FL 34625
US

Mailing Address

1535 NURSERY RD.
1535 NURSERY RD BOX 210
CLEARWATER FL 34616

2. Principal Place of Business

1617 GULF TO BAY BLVD.

3. Mailing Address

650 ISLAND WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER, FLORIDA

City & State

CLEARWATER, FLORIDA

Zip

33755

Country

USA

Zip

33767-1951

Country

USA

6. Name and Address of Current Registered Agent

TUBBS, FRANCES
1535 NURSERY RD.
CLEARWATER FL 34616

4. FEI Number

59-6194133

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

ALBINA MACY WALSH

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

650 ISLAND WAY

UNIT 203

City

CLEARWATER

FL 33767-1951

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.

ALBINA MACY WALSH, TREASURER

CLEARWATER CHAPTER #110
AARP

SIGNATURE

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

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HUNT, BETTY 1758 ALGONQUIN DR. CLEARWATER FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CESARE, ROSE EAST LAKE DRIVE LARGO, FL 34641 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SKOTKO, ESTHER 340 IMPERIAL PALMS DR LARGO FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD TUBBS, FRANCES 1535 NURSERY ROAD, #210 CLEARWATER FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LIBERTY, EDWARD 2064 LITTLE NECK RD. CLEARWATER FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT LUCIA BALDASSARRE 325 N. MARS AVE. CLEARWATER, FL 33755 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE PRESIDENT BETTY HUNT 1758 ALGONQUIN DR. CLWTR, FL. 33755 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY SALLY CRABTREE 2431 CANADIAN WAY #45 CLEARWATER, FL 33763 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREASURER ALBINA MACY WALSH 650 ISLAND WAY, UNIT 203 CLEARWATER, FL 33767 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 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:

LUCIA BALDASSARRE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/06/02

Date

Daytime Phone #

APPROVED
AND
FILED

02-26-2002 90163'009'*****61:25
705413

02 MAR 29 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

292

CLEARWATER CHAPTER
#110 AARP
325 N. MARS AVE.
CLEARWATER, FL 33755
MARCH 27, 2002

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

RE: DOCUMENT # 705413

WE HAVE RECEIVED YOUR NOTICE THAT OUR AARP ASSOCIATION NEEDS
AT LEAST 3 DIRECTORS OR TRUSTEES TO BE IN COMPLIANCE WITH
STATE REGULATIONS FOR NON-PROFIT ORGANIZATIONS. THEREFORE,
WE HAVE VOTED THESE PEOPLE TO OUR BOARD OF DIRECTORS TO
FULFILL THAT NEED.

ROBERT GLASCOCK - D
1750 STARDUST DRIVE
CLEARWATER, FL 33755

DOROTHY PLUNKETT - T
4215 EAST BAY DR. #1104-B
CLEARWATER, FL 33764

DENNIS CRABTREE - D
2431 CANADIAN WAY #45
CLEARWATER, FL 33763

DELORES MEIERS - T
737 WOOD STREET
DUNEDIN, FL 34598

MILDRED HANZELON - D
225 COUNTRY CLUB DR. C - #129
LARGO, FL 33771

WE HOPE THAT THIS SATISFIES OUR REQUIREMENTS TO QUALIFY AS
A NON-PROFIT ORGANIZATION. IF YOU NEED ANY FURTHER INFOR-
MATION, PLEASE CONTACT ME AT (727-481-4713) OR WRITE TO ME AT
325 N. MARS AVE., CLEARWATER, FLORIDA, 33755.

SINCERELY YOURS,

Lucia Baldassarre

LUCIA BALDASSARRE
PRESIDENT
CLEARWATER CHAPTER
#110 - AARP

OFFICE OF THE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
MARCH 28, 2002
SECRETARY OF STATE