

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 JUL 15 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 711355 1. Entity Name CHARLOTTE CHAPTER #80 OF AARP, INC.					
Principal Place of Business ROYAL PALM RETIREMENT CENTRE 2500 AARON ST. PORT CHARLOTTE, FL 33952-5298		Mailing Address C/O TESS CANJA TONI RUGGIERI 304 WATERSIDE STREET PORT CHARLOTTE, FL 33954			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		05162008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-0412245	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name 800133268000 Street Address (P.O. Box Numbers Not Accepted) 11722 05 0101 --008 **\$61.25 City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME	DP CANJA, TESS	<input checked="" type="checkbox"/> Delete	TITLE NAME	PRESIDENT TONI RUGGIERI	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1166 WINSTON ST		STREET ADDRESS	304 WATERSIDE ST	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		CITY-ST-ZIP	PORT CHARLOTTE FL 33954	
TITLE NAME	DVP RAO, MUKUNDA DR	<input checked="" type="checkbox"/> Delete	TITLE NAME	DUP GLORIA HEISLER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1503 SUZI ST		STREET ADDRESS	110 COLONIAL SE	
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE NAME	DVP BEECHER, RUTH	<input checked="" type="checkbox"/> Delete	TITLE NAME	DUP BETTY SULFRIDGE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	21193 CHARBURN		STREET ADDRESS	25189 MARION AVE A108	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		CITY-ST-ZIP	PUNTA GORDA FL 33958	
TITLE NAME	D VALERA, RICHARD	<input checked="" type="checkbox"/> Delete	TITLE NAME	MEMBERSHIP NANCY ECKHART	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3141 SILKWOOD LN		STREET ADDRESS	432 FLETCHER ST	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33953		CITY-ST-ZIP	PORT CHARLOTTE FL 33954	
TITLE NAME	DS HEISLER, GLORIA	<input checked="" type="checkbox"/> Delete	TITLE NAME	LEGISLATIVE ROBERT PEARSE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	110 COLONIAL SE		STREET ADDRESS	133 GRAHAM	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE NAME	DT DEPUY, JOSEPHINE	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	21248 CHATBURN		STREET ADDRESS	B7/15/08	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Toni Ruggieri</u> TONI RUGGIERI			<u>7/5/08</u> 941979 8621		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		