

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90061 001 \*\*\*\*61.25

**DOCUMENT # 721359**

1. Entity Name

CAPE CORAL CHAPTER #188 OF AARP, INC.



Principal Place of Business

Mailing Address

LAKE KENNEDY SENIOR CENTER  
400 SANTA BARBARA BLVD  
CAPE CORAL FL 33991  
US

P.O. BOX 484  
CAPE CORAL FL 33910



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2277225

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VINEYARD, MARIE  
2809 SE 10TH AVE  
CAPE CORAL FL 33904

Name

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

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

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  
Due By May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete

NAME VINEYARD, MARIE  
STREET ADDRESS 2809 SE 10TH AVE  
CITY-ST-ZIP CAPE CORAL FL 33904-2947

TITLE ☒ Delete

NAME HEENEKE, RICHARD  
STREET ADDRESS 904 ISLAMORADA BLVD  
CITY-ST-ZIP PUNTA GORDA FL 33955-1865

TITLE ☒ Delete

NAME EVANS, LLOYD  
STREET ADDRESS 268 SW 2ND TERRACE  
CITY-ST-ZIP CAPE CORAL FL 33909

TITLE ☐ Delete

NAME DENTZAU, BETTY  
STREET ADDRESS 1415 SW 40TH TERR  
CITY-ST-ZIP CAPE CORAL FL 33914-5616

TITLE ☒ Delete

NAME FRANCES, JORDAN  
STREET ADDRESS 407 SE 30TH ST  
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☒ Addition

NAME TATE, ANITA  
STREET ADDRESS 1503 NE 2nd TERRACE  
CITY-ST-ZIP CAPE CORAL, FL 33909

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME HAMILTON, CURTIS  
STREET ADDRESS 248 SW 32nd TERRACE  
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Anita D. Tate ANITA D. TATE, TREASURER 4/20/07 239-458-5230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #