

1-25-95 B-384-C
FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00 ¹³⁰⁶ _{CLG}

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**APPROVED
AND
FILED**
 95 JAN 25 AM 9:41
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 721712 (8)

1. Corporation Name
SOUTHWEST BROWARD COUNTY CHAPTER #73 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business 7600 PINES BLVD PEMBROKE PINES FL 33024	Mailing Address 7600 PINES BLVD PEMBROKE PINES FL 33024
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/16/1971	3a. Date of Last Report 03/07/1994
4. FEI Number 23-7129049	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent

**WISE, HELEN
7870 NW 10TH ST
PEMBROKE PINES FL 33024**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GROSS, LOUIS 3777 NW 78TH AVE HOLLYWOOD FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☒ Change ☐ Addition P MILLER, SHIRLEY 1100 ST. CHARLES PL APT 518 PEMBROKE PINES, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WISE, HELEN 7870 NW 10TH ST PEMBROKE PINES FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARKLE, FLORENCE 11888 NW 11TH ST. PEMBROKE PINES FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BUSCHBAUM, MARY ELLEN 21768 HERITAGE CIR PEMBROKE PINES FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☒ Change ☐ Addition V OTELLO BARBIERI 9253 CHELSEA DR. PLANTATION FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OTELLO S. BARBIERI 9253 S. CHELSEA DR. PLANTATION FL 33324	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☒ Change ☐ Addition V HATCHER, JOHN 15925 SW 3RD CT C-103 PEMBROKE PINES, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 187 130

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Florence Markle **1-20-95** **432-2057**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #