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Feb 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721712 (8)

1. Corporation Name

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

Principal Place of Business

Mailing Address

PINES CONFERENCE CENTER
10211 TAFT STREET
PEMBROKE PINES FL 33024PINES CONFERENCE CENTER
10211 TAFT STREET
PEMBROKE PINES FL 33026-2841

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

09/16/1971

3a. Date of Last Report

08/01/1996

4. FEI Number

23-7129049

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOYNIHAN, GLADYS P
11641 NW 11 STREET
PEMBROKE PINES FL 33026

81 Name

Jason H Fung-On

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

7841 NW 30TH ST.

83

84 City

Hollywood

FL

85 Zip Code

33024

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Jason H Fung-On, Jason H Fung-On Treasurer

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME MILLER, SHIRLEY
STREET ADDRESS 1100 GT CHARLES PL APT 518
CITY-ST-ZIP PEMBROKE PINES FL 330261.1 TITLE President ☐ Change ☒ Addition
1.2 NAME Harriet Lee
1.3 STREET ADDRESS 1100 ST. Charles Plac. Apt. 820
1.4 CITY-ST-ZIP Pembroke Pines FL 33026TITLE DT ☐ DELETE
NAME WISE, HELEN
STREET ADDRESS 7870 NW 10TH ST
CITY-ST-ZIP PEMBROKE PINES FL 330242.1 TITLE 1st Vice President ☒ Change ☐ Addition
2.2 NAME Shirley Miller
2.3 STREET ADDRESS 1100 GT. Charles Pl. Apt 518
2.4 CITY-ST-ZIP Pembroke Pines FL 33026TITLE VD ☐ DELETE
NAME WOLFE, MILES
STREET ADDRESS 6500 JOHNSON ST.
CITY-ST-ZIP HOLLYWOOD FL 330243.1 TITLE 2nd Vice President ☒ Change ☐ Addition
3.2 NAME Pot Zampella
3.3 STREET ADDRESS 9801 NW 13th ST
3.4 CITY-ST-ZIP Pembroke Pines FL 33024TITLE VPD ☐ DELETE
NAME BROOKS, BARBARA
STREET ADDRESS 6500 JOHNSON ST.
CITY-ST-ZIP HOLLYWOOD FL 330244.1 TITLE Secretary ☐ Change ☐ Addition
4.2 NAME Iraida Diaz
4.3 STREET ADDRESS 4850 SW 63 Terr. #201
4.4 CITY-ST-ZIP Davie FL 33025TITLE SD ☐ DELETE
NAME DIAZ, IRAIDA
STREET ADDRESS 4850 S.W. 63 TERR #201
CITY-ST-ZIP DAVIE FL 330255.1 TITLE Treasurer ☐ Change ☒ Addition
5.2 NAME Jason H Fung-On
5.3 STREET ADDRESS 7841 NW 30TH ST
5.4 CITY-ST-ZIP Hollywood FL 33024TITLE ST ☐ DELETE
NAME PITTARD, MARILYN
STREET ADDRESS 1176 N.W. 97TH AVE
CITY-ST-ZIP PEMBROKE PINES FL 330246.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jason H Fung-On, Jason H Fung-On Treasurer, 1/27/97 954-432-8498

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0024005

CR2E037 (9/96)