

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 20, 2004 8:00 am
Secretary of State

09-20-2004 90003 019 ****61.25

DOCUMENT # 721712

1. Entity Name
**SOUTHWEST BROWARD COUNTY CHAPTER #73 OF
AARP, INC.**



Principal Place of Business
**PINES CONFERENCE CENTER
10211 TAFT STREET
PEMBROKE PINES, FL 33026**

Mailing Address
**PINES CONFERENCE CENTER
10211 TAFT STREET
PEMBROKE PINES, FL 33026**

54073233



2. Principal Place of Business
**Pines Recreation Center
Suite, Apt. #, etc.
7400 Pines Blvd**

3. Mailing Address
**8771 N.W. 13th ST
Suite, Apt. #, etc.**

09022004 Chg-NP CR2E037 (10/03)

City & State
Pembroke Pines Florida
Zip
33024
Country
Broward

City & State
Pembroke Pines FL
Zip
33024
Country
Broward

4. FEI Number
23-7129049
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILSON, MARGARET M
8771 NW 13TH ST
PEMBROKE PINES, FL 33024**

7. Name and Address of New Registered Agent

Name
Wilson, Margaret M.
Street Address (P.O. Box Numbers Not Acceptable)
8771 N.W. 13th ST
City
Pembroke Pines FL Zip Code
33024

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 **Margaret Wilson**
Signature, typed or printed name of registered agent and title if applicable.

BB
(NOTE: Registered Agent signature required when reinstating)

September 17, 2004
DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, MARGARET M 8771 NW 13 ST PEMBROKE PINES, FL 33024 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CARTY, EDWIN 18173 SW 28 ST MIRAMAR, FL 33029 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARTLEY, JEANETTE 12002 NW 11 ST PEMBROKE PINES, FL 33026 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	Carty, Edwin <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18173 S.W. 28th ST MIRAMAR FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bizzell, Charles <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11055 S.W. 15th ST Apt 102 Pembroke Pines, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	same <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: **Margaret Wilson** **BB** **9/17/04** **1954-432-0035**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #