

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Mar 21, 2005 8:00 am
Secretary of State

02-21-2005 90083 020 ****61.25

66006404



1st MOORE CR2E037 (10/04)

| | | | | | |
|---|------------------------------|---|--|---|--|
| DOCUMENT # 721712 | | | |  | |
| 1. Entity Name SOUTHWEST BROWARD COUNTY CHAPTER #73 OF AARP, INC. | | | | | |
| Principal Place of Business PINES RECREATION CENTER 7400 PINES BLVD PEMBROKE PINES FL 33024 | | | Mailing Address 8771 N.W. 13TH ST. PEMBROKE PINES FL 33024 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 23-7129049 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WILSON, MARGARET M 8771 N.W. 13TH ST PEMBROKE PINES FL 33024 | | | | 7. Name and Address of New Registered Agent | |
| | | | | 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 <u>Margaret M. Wilson</u> <u>MARGARET M. WILSON</u> <u>2/16/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE | | | | | |
| FILE NOW: FEE IS \$61.25 Due By: May 1, 2005 | | 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 | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CARTY, EDWIN | | NAME | | |
| STREET ADDRESS | 18173 S.W. 28TH ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIRAMAR FL 33028 | | CITY-ST-ZIP | | |
| TITLE | DV | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BIZZELL, CHARLES | | NAME | | |
| STREET ADDRESS | 11055 S.W. 15TH ST., APT 102 | | STREET ADDRESS | | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33025 | | CITY-ST-ZIP | | |
| TITLE | T | <input checked="" type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | HARTLEY, JEANETTE | | NAME | Wilson, Margaret M. | |
| STREET ADDRESS | 12002 NW 11 ST | | STREET ADDRESS | 8771 N.W. 13TH ST | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33026 | | CITY-ST-ZIP | Pembroke Pines FL 33024 | |
| TITLE | D192 I. H. H. H. | <input type="checkbox"/> Delete | TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 4850 S.W. 63rd Terrace #201 | | NAME | Diaz, Fraida | |
| STREET ADDRESS | Davis, FL 33314 | | STREET ADDRESS | 4850 S.W. 63rd Terrace #201 | |
| CITY-ST-ZIP | Davis, FL 33314 | | CITY-ST-ZIP | Davis, FL 33314 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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: <u>Margaret M. Wilson</u> <u>MARGARET M. WILSON</u> <u>2/16/05</u> <u>954.432.0035</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

ATTACHMENT

March 18, 2005

66006404

Florida Department of State:

Subject: Southwest Broward County Chapter # 73 of AARP, Inc
Reference #: 721712

In column 10, please delete Jeanette Hartley as Treasurer. In Column 11,
please change Treasurer to Margaret Wilson.

In column 11, please add Iraida Diaz as Secretary.

Thank you,

AARP S.W. BROWARD COUNTY CHAPTER 73