## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 27, 2008 8:00 am **DOCUMENT # 721712 Secretary of State** 1. Entity Name 03-27-2008 90025 044 \*\*\*\*61.25 SOUTHWEST BROWARD COUNTY CHAPTER #73 OF AARP. Principal Place of Business Mailing Address PINES RECREATION CENTER 8771 N.W. 13TH ST. 7400 PINES BLVD PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 7841 NY 30TH ST Suite, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number 23-7129049 40117W 00H Not Applicable Zio Zip \$8.75 Additional 5. Certificate of Status Desired Bronnara 33024 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILSON, MARGARET M Street Address (P.O. Box Number is Not Acceptable) 8771 N.W. 13TH ST PEMBROKE PINES FL 33024 Zip Code 330 24 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. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to 🚉 \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delate TITLE Change ☐ Addition SWEENEY, ROLAND NAME 251 SW 134TH WAY APT 214 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33027 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition WATSON, RITA NAME 1100 NW 173RD AVE STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33029 CITY-ST-ZIP CITY-ST-7/P TITLE Delete TITLE ☐ Change ☐ Addition Jason H. Fung- On 7841 NW 3657. WILSON, MARGARET M NAME MANAG 8771 NW 13TH ST STREET ADDRESS STREET AUDRESS PEMBROKE PINES FL 33024 CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete TITLE ☐ Change ncitibbA 🔲 ECTON, JEWEL MALE STREET ADDRESS 1345 SW 122ND WAY STREET ADDRESS PEMBROKE PINES FL 33025 CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THE ☐ Change Addition NAME NAM! STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 en 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:

Tasan 11 Fung-DA. 3/11/8

FILED