2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State
03-04-2005 90088 001 ****61.25

DOCUMENT # 724199

1. Entity Name
ORMOND-BY-THE-SEA CHAPTER 1057 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
PRESBYTERIAN CHURCH 105 AMSDEN ROAD ORMOND BEACH, FL 32176 US	PO BOX 11 ORMOND BEACH, FL 32176 US

01282005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
23-7198222
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~ZIMA, ROBERT~~
~~14 LA PALMA ST.~~
~~ORMOND BEACH, FL 32176~~

ART HELLER
2625 Tulane Ave
DAYTONA Beach, Fl
32118

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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 Arthur Heller ART Heller-President 2.27.05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BILLIG, PAUL L
STREET ADDRESS	110 DIANNE DRIVE
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	~~P~~ D
NAME	ZIMA, ROBERT
STREET ADDRESS	14 LA PALMA STREET
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	~~AT~~ V
NAME	SCHWARZ, GENEVIERE
STREET ADDRESS	9 KIM COURT
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	D
NAME	SCHWARZ, JARVIS
STREET ADDRESS	9 KIM COURT
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	~~V~~ T
NAME	~~HELLER, ARTHUR~~ TIPPINS DAN
STREET ADDRESS	~~2625 TULANE AVE.~~ 19 SOCO TRAIL
CITY-ST-ZIP	~~DAYTONA BEACH, FL 32118~~ ORMOND Bch Fl 32174
TITLE	D
NAME	KRAWCHUCK, JEAN
STREET ADDRESS	20 SEA GULL DRIVE
CITY-ST-ZIP	ORMOND BEACH, FL 32176

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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: DAN TIPPINS - Tres. 2.27.05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #