


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90112 012 \*\*\*\*61.25

<b>DOCUMENT # 724199</b> 1. Entity Name <b>ORMOND-BY-THE-SEA CHAPTER 1057 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.</b>					
Principal Place of Business <b>PRESBYTERIAN CHURCH 105 AMSDEN ROAD ORMOND BEACH, FL 32176 US</b>			Mailing Address <b>PO BOX 11 ORMOND BEACH, FL 32176 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>23-7198222</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>HELLER, ART 2625 TULANE AVE DAYTONA BEACH, FL 32118</b>				7. Name and Address of New Registered Agent Name <b>Schwarz, Genevieve</b> Street Address (P.O. Box Number is Not Acceptable)  <b>9 Kim Court</b> City <b>Ormond Beach</b> <b>FL</b> Zip Code <b>32174</b>	
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>Genevieve Schwarz</u> <i>Genevieve Schwarz</i> <u>1/30/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILLIG, PAUL L 110 DIANNE DRIVE ORMOND BEACH, FL 32176	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Heller, Art 2625 Tulane Ave. Daytona Beach, FL 32118
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIMA, ROBERT 14 LA PALMA STREET ORMOND BEACH, FL 32176	<input checked="" type="checkbox"/> Delete	
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mayor, Mary 1108 Sherbourne Way Ormond Beach, FL 32176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHWARZ, GENEVIERE 9 KIM COURT ORMOND BEACH, FL 32174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARZ, JARVIS 9 KIM COURT ORMOND BEACH, FL 32174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEARSON, VIRGINIA 128 NORTHBROOK LN ORMOND BEACH, FL 32174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAWCHUCK, JEAN 20 SEA GULL DRIVE ORMOND BEACH, FL 32176	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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.					
<b>SIGNATURE:</b> <u>Genevieve Schwarz</u> <i>Genevieve Schwarz</i> <u>1/30/07</u> <u>386-673-7527</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					