

FILE NOW: FILING FEE IS \$61.25

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Apr 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **725721** (5)

1. Corporation Name

**BAREFOOT BAY CHAPTER# 1263 OF AMERICAN ASSOCIATION OF RETIRED PERSONS INC**

Principal Place of Business

Mailing Address

**719 E. LARK DRIVE  
BAREFOOT BAY FL 32976  
US**

**719 E. LARK DRIVE  
BAREFOOT FL 32976  
US**



3. Date Incorporated or Qualified

**03/06/1973**

4. FEI Number

**23-7247816**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 500 N. Seagull Circle**

**26 500 N. Seagull Circle**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

**23 Barefoot Bay, FL**

**28 Barefoot Bay, FL**

Zip

Country

Zip

Country

**24 32976**

25

**USA**

**29 32976**

30

**USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREELEY, BEVERLY A.  
719 E LARK DR  
719 E. LARK DRIVE  
BAREFOOT BAY FL 32976**

81 Name

**Margie J. Banks**

82 Street Address (P.O. Box Number is Not Acceptable)

**500 N. Seagull Circle**

83

84 City

**Barefoot Bay**

FL

85 Zip Code

**32976**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Margie J. Banks*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/18/98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>LONG, RUTH F</b>	
STREET ADDRESS	<b>1256 N. BAREFOOT CIRCLE</b>	
CITY-ST-ZIP	<b>BAREFOOT BAY FL</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	<b>320X D</b>	<input type="checkbox"/> DELETE
NAME	<b>GREELEY, BEVERLY</b>	
STREET ADDRESS	<b>719 E LARK DRIVE</b>	
CITY-ST-ZIP	<b>BAREFOOT BAY FL</b>	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LONG, ANDREW J</b>	
STREET ADDRESS	<b>1256 N BAREFOOT CIRCLE</b>	
CITY-ST-ZIP	<b>BAREFOOT BAY FL</b>	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>V/D</b>
3.3 STREET ADDRESS	<b>June Arnold</b>
3.4 CITY-ST-ZIP	<b>323 Avocado Drive</b>

TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>SPAIN, WINNIFRED</b>	
STREET ADDRESS	<b>708 FIR</b>	
CITY-ST-ZIP	<b>BAREFOOT BAY FL</b>	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

4/16/98

CR2E037 (10/97)