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Jan 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **727361** (8)

1. Corporation Name

**NORTH PORT CHARLOTTE, FLORIDA CHAPTER #1469 OF A
AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.**

Principal Place of Business

Mailing Address

**173 LAZY RIVER ROAD
N. PORT FL 34287
US**

**173 LAZY RIVER ROAD
N. PORT FL 34287
US**



3. Date Incorporated or Qualified

09/05/1973

4. FEI Number

23-7297790

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 N.P. COMMUNITY ED. CENTER

26 FRANCIS COYNE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 4440 PAN AMERICAN BLVD

27 6678 ACMAR CT

City & State

City & State

23 NORTH PORT FL

28 NORTH PORT FL

Zip

Country

Zip

Country

24 34287

25 SARASOTA

29 34287

30 SARASOTA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAVIS, CLARENCE E
173 LAZY RIVER ROAD
N. PORT FL 34287**

81 Name FRANCIS M. COYNE

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

6678 ACMAR CT

83

84 City NORTH PORT

FL

85 Zip Code 34287

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

Francis M. Coyne
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-20-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE

NAME **DAVIS, CLARENCE**
STREET ADDRESS **173 LAZY RIVER ROAD**
CITY-ST-ZIP **VENICE FL 34287**

TITLE **1VP** ☐ DELETE

NAME **HUGHES, ALTHEA**
STREET ADDRESS **4361 MONGITE RD.**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE **2VP** ☐ DELETE

NAME **GUENIN, OLYMPIA**
STREET ADDRESS **4361 MONGITE ROAD**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE **T** ☐ DELETE

NAME **YAP-POW, LINCOLN**
STREET ADDRESS **6865 ETNA CT.**
CITY-ST-ZIP **N. PORT FL 34287**

TITLE **ASD** ☐ DELETE

NAME **HUFNAGEL, RITA**
STREET ADDRESS **5959 TALBROOK ROAD**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE **D** ☒ DELETE

NAME **MALANOWSKI, JOSEPH**
STREET ADDRESS **4492 BLITZEN TER.**
CITY-ST-ZIP **NORTH PORT FL 34287**

1.1 TITLE **P** ☒ Change ☐ Addition

1.2 NAME **FRANCIS M. COYNE**
1.3 STREET ADDRESS **6678 ACMAR CT**
1.4 CITY-ST-ZIP **NORTH PORT FL 34287**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE **D** ☒ Change ☐ Addition

6.2 NAME **BESS KNOPE**
6.3 STREET ADDRESS **3273 BISCAYNE DR S**
6.4 CITY-ST-ZIP **NORTH PORT FL 34287**

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: *RITA M. HUFNAGEL* **BECK** *1/19/98* **941 426 7041**

CR2E037 (10/97)