

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 04, 2007 8:00 am**  
**Secretary of State**

06-04-2007 90010 036 \*\*\*\*61.25

<b>DOCUMENT # 727547</b>					
1. Entity Name SATELLITE BEACH CHAPTER #1413 OF AARP, INC.					
Principal Place of Business INDIAN HBC BCH RECREATION CTR 1233 YACHT CLUB BLVD INDIAN HARBOUR BEACH, FL 32937 US			Mailing Address 1001 W EAU GALLIE BLVD UNIT 104 MELBOURNE, FL 32935 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		05242007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 23-7307662	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
EDWARDS, NORMA E 1001 W EAU GALLIE BLVD UNIT 104 MELBOURNE, FL 32935			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRING, TRIPP		NAME	PHILIP KOECHLEIN	
STREET ADDRESS	668 W EAU GALLIE BLVD		STREET ADDRESS	973 DELMAR CIRCLE	
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP	W. MELBOURNE, FL 32904	
TITLE	V	<input type="checkbox"/> Delete	TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOECHLEIN, PHILLIP		NAME	CUMMINS, KATHALEEN	
STREET ADDRESS	973 DEL MAR CIRCLE		STREET ADDRESS	6017 TURTLE BEACH LANE	
CITY-ST-ZIP	W MELBOURNE, FL 32904		CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE	CORS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEATING, MARY		NAME		
STREET ADDRESS	2700 N HWY A1A		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP		
TITLE	CORS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COFFEY, JOYCE		NAME		
STREET ADDRESS	612 CORNELL AVE		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32901		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, NORMA		NAME		
STREET ADDRESS	1001 W EAU GALLIE BLVD UNIT 104		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32905		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLON, PABLO		NAME		
STREET ADDRESS	1725 SEAGRAPE CT		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY, FL 32905		CITY-ST-ZIP		
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.					
SIGNATURE: <i>Norma E. Edwards</i> (NORMA E. EDWARDS)			Date: 5-29-07		Daytime Phone #: 321-259-8989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #