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NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **728773** **(3)**

1. Corporation Name

INTERLACHEN CHAPTER #1663 OF AMERICAN ASSOCIATIO N OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
% MERLE L. DEROSIA P.O. BOX 1011 INTERLACHEN FL 32148	% MERLE L. DEROSIA P.O. BOX 1011 INTERLACHEN FL 32148-1011

3. Date Incorporated or Qualified: 02/08/1974
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 MERLE L. DEROSIA
Suite, Apt. #, etc.: 22 921 MARION AVE.
City & State: 23 INTERLACHEN FL
Zip: 24 32148 Country: 25 USA

2a. Mailing Address
26 /
Suite, Apt. #, etc.: 27 P. O. Box 1011
City & State: 28 INTERLACHEN FL.
Zip: 29 32148 Country: 30 USA

4. FEI Number: 75-1013017 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TULL, BARBARA L
921 MARION AVE.
INTERLACHEN FL 32148

10. Name and Address of New Registered Agent

81 Name: MERLE L. DEROSIA
82 Street Address (P.O. Box Number is Not Acceptable): 921 MARION AVE
83
84 City: INTERLACHEN FL 85 Zip Code: 32148

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: MERLE L. DEROSIA — Merle L. Derosia — DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☐ DELETE	1.1 TITLE	TREASURER	☐ Change ☐ Addition
NAME	DEROSIA, MERLE L		1.2 NAME	MERLE L. DEROSIA	
STREET ADDRESS	921 MARION AVE		1.3 STREET ADDRESS	MARION AVE #921	
CITY-ST-ZIP	INTERLACHEN FL 32148		1.4 CITY-ST-ZIP	INTERLACHEN FL. 32148	
TITLE	P	☒ DELETE	2.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	BENSON, ROBERT		2.2 NAME	HOWARD ROY	
STREET ADDRESS	116 SHORE SIDE LN.		2.3 STREET ADDRESS	111 BONNIE AVE	
CITY-ST-ZIP	INTERLACHEN FL 32148		2.4 CITY-ST-ZIP	INTERLACHEN FL 32148	
TITLE	S	☒ DELETE	3.1 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	NOYSE, RAY		3.2 NAME	Ruth HIVDALL	
STREET ADDRESS	110 BOLL GREEN DR.		3.3 STREET ADDRESS	RT3 BOX 233	
CITY-ST-ZIP	INTERLACHEN FL 32148		3.4 CITY-ST-ZIP	INTERLACHEN FL 32148	
TITLE	D	☐ DELETE	4.1 TITLE	DIRECTOR	☐ Change ☐ Addition
NAME	CLINTON, BENJAMIN		4.2 NAME	CLINTON BENJAMIN	
STREET ADDRESS	305 TROPIC LAGONDA		4.3 STREET ADDRESS	305 TROPIC LAGONDA	
CITY-ST-ZIP	INTERLACHEN FL 32148		4.4 CITY-ST-ZIP	INTERLACHEN FL. 32148	
TITLE	D	☐ DELETE	5.1 TITLE	DIRECTOR	☐ Change ☐ Addition
NAME	NOYES, BILL		5.2 NAME	WILLIAM NOYES	
STREET ADDRESS	110 BOLL GREEN DR.		5.3 STREET ADDRESS	110 BOLL GREEN DR	
CITY-ST-ZIP	INTERLACHEN FL 32148		5.4 CITY-ST-ZIP	INTERLACHEN FL. 32148	
TITLE	D	☒ DELETE	6.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	STAKE, MARGARET		6.2 NAME	Richard DEROSIA	
STREET ADDRESS	RR 2, BOX 347		6.3 STREET ADDRESS	MARION AVE #921	
CITY-ST-ZIP	INTERLACHEN FL 32148		6.4 CITY-ST-ZIP	INTERLACHEN FL. 32148	

CR2E037 (9/96)

14. I do 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: Howard Roy — 3-10-97 — (904) 684-6132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone 0002976