

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **729285** (7)

1. Corporation Name

**CLEARWATER GULFCOAST CHAPTER #1708 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.**



Principal Place of Business

% MARGARET M. CARTER  
1099 MCMULLEN BOOTH ROAD, APT #725  
CLEARWATER FL 34619

Mailing Address

% MARGARET M. CARTER  
1099 MCMULLEN BOOTH ROAD, APT #725  
CLEARWATER FL 34619

3. Date Incorporated or Qualified  
**04/08/1974**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 **DON BOURDON**  
Suite, Apt. #, etc.

26 **DON BOURDON**  
Suite, Apt. #, etc.

22 **138 HUNTER LAKE DR. APT. D**  
City & State

27 **138 HUNTER LAKE DR. APT. D**  
City & State

23 **OLDSMAR, FLORIDA**  
Zip Country

28 **OLDSMAR, FLORIDA**  
Zip Country

24 **34677-4536** 25 **Pinellas**

29 **34677-4536** 30 **Pinellas**

4. FEI Number  
**23-7356150**

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

10. Name and Address of New Registered Agent

CARTER, MARGARET M  
1099 MCMULLEN BOOTH  
APT# #725  
CLEARWATER FL 34619

81 Name  
**DON BOURDON**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**138 HUNTER LAKE DR.**  
83 **APT. D.**  
84 City  
**OLDSMAR** FL 85 Zip Code  
**34677-4536**

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

*Donald R. Bourdon*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **CARTER, MARGARET M**  
STREET ADDRESS **1099 MCMULLEN BOOTH RD., #725**  
CITY-ST-ZIP **CLEARWATER FL 34619**

TITLE **VD** ☐ DELETE  
NAME **ROBERTS, AUDRIE**  
STREET ADDRESS **1099 MCMULLEN BOOTH RD., #222**  
CITY-ST-ZIP **CLEARWATER FL 34619**

TITLE **SD** ☐ DELETE  
NAME **PRESTON, DORIS**  
STREET ADDRESS **1099 MCMULLEN BOOTH RD., #719**  
CITY-ST-ZIP **CLEARWATER FL 34619**

TITLE **TD** ☐ DELETE  
NAME **DESJARDIN, SUZANNE**  
STREET ADDRESS **1099 MCMULLEN BOOTH RD., #826**  
CITY-ST-ZIP **CLEARWATER FL 34619**

TITLE **CD** ☐ DELETE  
NAME **CERNIGLIA, ANTHONY**  
STREET ADDRESS **4635 ROWAN ROAD, #611**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **CD** ☐ DELETE  
NAME **CERNIGLIA, PHYLLIS**  
STREET ADDRESS **4635 ROWAN ROAD, #611**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☐ Change ☐ Addition  
1.2 NAME **DON BOURDON**  
1.3 STREET ADDRESS **138 HUNTER LAKE DR. APT. D**  
1.4 CITY-ST-ZIP **OLDSMAR, FL. 34677-4536**

2.1 TITLE **VD** ☐ Change ☐ Addition  
2.2 NAME **MS. ROSE COSTELLO**  
2.3 STREET ADDRESS **1099 MCMULLEN BOOTH RD APT 226**  
2.4 CITY-ST-ZIP **CLEARWATER, FL. 34619-3452**

3.1 TITLE **SD** ☐ Change ☐ Addition  
3.2 NAME **MARION MOREHOUSE**  
3.3 STREET ADDRESS **1099 MCMULLEN BOOTH RD. APT 107**  
3.4 CITY-ST-ZIP **CLEARWATER, FL. 346-3456**

4.1 TITLE **TD** ☐ Change ☐ Addition  
4.2 NAME **MS. FRANCIS ITALIANO**  
4.3 STREET ADDRESS **1099 MCMULLEN BOOTH RD**  
4.4 CITY-ST-ZIP **CLEARWATER, FL. 346-3456 APT. 431**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME **MS. JEAN HORAN**  
5.3 STREET ADDRESS **1099 MCMULLEN BOOTH RD. APT. 421**  
5.4 CITY-ST-ZIP **CLEARWATER, FL. 34619-3456**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Marion B. Morehouse*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-26, 1996** (813) 797-5857  
Date Daytime Phone #

CR2E037 (12/95)