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Feb 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729285 (7)

1. Corporation Name

CLEARWATER GULFCOAST CHAPTER #1708 OF AMERICAN A
SSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

138 HUNTER LAKE DR., APT D
C/O DON BOURDON
OLDSMAR FL 34677-4536
US

Mailing Address

C/O DON BOURDON
138 HUNTER LAKE DRIVE, APT D
OLDSMAR FL 34677-4536
US3. Date Incorporated or Qualified
04/08/19743a. Date of Last Report
05/01/19964. FEI Number
23-7356150Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DON BOURDON
138 HUNTER LAKE DRIVE
APT D
OLDSMAR FL 34677-4536

81 Name

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

83

84 City

FL

85 Zip Code

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

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 34619TITLE VD ☒ DELETE
NAME ROBERTS, AUDRIE
STREET ADDRESS 1099 MCMULLEN BOOTH RD., #222
CITY-ST-ZIP CLEARWATER FL 34619TITLE SD ☒ DELETE
NAME PRESTON, DORIS
STREET ADDRESS 1099 MCMULLEN BOOTH RD., #719
CITY-ST-ZIP CLEARWATER FL 34619TITLE TD ☒ DELETE
NAME DESJARDIN, SUZANNE
STREET ADDRESS 1099 MCMULLEN BOOTH RD., #826
CITY-ST-ZIP CLEARWATER FL 34619TITLE CD ☒ DELETE
NAME CERNIGLIA, ANTHONY
STREET ADDRESS 4635 ROWAN ROAD, #611
CITY-ST-ZIP NEW PORT RICHEY FL 34653TITLE 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 PD ☒ Change ☐ Addition
1.2 NAME DON BOURDON
1.3 STREET ADDRESS 138 HUNTER LAKE DRIVE, APT D
1.4 CITY-ST-ZIP OLDSMAR, FL 34677-45362.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME MRS. ROSE COSTELLO
2.3 STREET ADDRESS 1099 MCMULLEN BOOTH RD APT 226
2.4 CITY-ST-ZIP CLEARWATER, FL 34619-34523.1 TITLE SD ☒ Change ☐ Addition
3.2 NAME MRS. MARION MOREHOUSE
3.3 STREET ADDRESS 1099 MCMULLEN BOOTH RD. APT. 107
3.4 CITY-ST-ZIP CLEARWATER, FL-34619-34524.1 TITLE TR ☒ Change ☐ Addition
4.2 NAME MRS. FRANCES ITALIANO
4.3 STREET ADDRESS 1099 MCMULLEN BOOTH RD. APT 431
4.4 CITY-ST-ZIP CLEARWATER, FL 34619-34525.1 TITLE CD ☒ Change ☐ Addition
5.2 NAME MRS. Suzanne Desjardine
5.3 STREET ADDRESS 1099 MCMULLEN BOOTH RD. Apt 826
5.4 CITY-ST-ZIP CLEARWATER, FL 34619-34526.1 TITLE CD ☒ Change ☐ Addition
6.2 NAME MRS. DEAN HOGAN
6.3 STREET ADDRESS 1099 MCMULLEN Booth Rd Apt 421
6.4 CITY-ST-ZIP CLEARWATER FL-34619-3456

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:

Signature and typed or printed name of signing officer or director
MARION B. MOREHOUSE

1-27-97 (813) 797-5857

Date

Daytime Phone # 0068506

CR2E037 (9/96)