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Apr 28 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 # 729285 (7)
 1. Corporation Name
CLEARWATER GULF COAST CHAPTER #1708 OF AMERICAN ASSOCIATION 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 34677-4530 US
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3. Date Incorporated or Qualified 04/08/1974
4. FEI Number 23-7356150
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 The Hampton at Clearwater Suite, Apt. #, etc. 22 1099 City & State 23 Clearwater #1. Zip 24 33759	2a. Mailing Address 25 1099 Mc Mullen Booth Rd. Suite, Apt. #, etc. 27 494000 APT-412 City & State 28 Clearwater, FL Zip 29 33759 Country 30 Pinellas
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**DON BOURDON
138 HUNTER LAKE DRIVE
APT D
OLDSMAR FL 34677**

10. Name and Address of New Registered Agent
81 Name ESTHER L. WALLACE
82 Street Address (P.O. Box Number is Not Acceptable) 1099 Mc MULLEN BOOTH APT 412
83
84 City CLEARWATER, FL
85 Zip Code 33759

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 **Esther L. Wallace** **Esther L. Wallace** **4/17/98**
 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	<input checked="" type="checkbox"/> DELETE
NAME DON BOURDON	
STREET ADDRESS 138 HUNTER LAKE DR., APT D	
CITY-ST-ZIP OLDSMAR FL	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME ROSE COSTELLO	
STREET ADDRESS 1099 MCMULLEN BOOTH RD. APT 228	
CITY-ST-ZIP CLEARWATER FL	
TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME MARION MOREHOUSE	
STREET ADDRESS 1099 MCMULLEN BOOTH RD APT 107	
CITY-ST-ZIP CLEARWATER FL	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME FRANCES ITALIANO	
STREET ADDRESS 1099 MCMULLEN BOOTH RD APT 431	
CITY-ST-ZIP CLEARWATER FL	
TITLE CD	<input checked="" type="checkbox"/> DELETE
NAME SUZANNE DESJARDINE	
STREET ADDRESS 1099 MCMULLEN BOOTH RD APT 828	
CITY-ST-ZIP CLEARWATER FL	
TITLE CD	<input type="checkbox"/> DELETE
NAME JEAN HORAN	
STREET ADDRESS 1099 MCMULLEN BOOTH RD APT 421	
CITY-ST-ZIP CLEARWATER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Esther L. Wallace	
1.3 STREET ADDRESS 1099 Mc Mullen Booth Rd #412	
1.4 CITY-ST-ZIP Clearwater, FL 33759	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE 5 D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Doris Preston	
3.3 STREET ADDRESS 1099 Mc Mullen Booth Rd #719	
3.4 CITY-ST-ZIP Clearwater, FL - 33759	
4.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME BERNICE A. ZEILENGA	
4.3 STREET ADDRESS 1099 Mc MULLEN BOOTH RD APT. 803	
4.4 CITY-ST-ZIP CLEARWATER, FL 33759	
5.1 TITLE MP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME MARION R. MOREHOUSE	
5.3 STREET ADDRESS 1099 MCMULLEN BOOTH APT 107	
5.4 CITY-ST-ZIP CLEARWATER, FL 33759	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: **BERNICE A. ZEILENGA** **Bernice A Zeilenga** **4-17-98 (813) 796-2465**

CR2E037 (10/97)