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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **730067** **(6)**

1. Corporation Name

SILVER LAKES ACRES CHAPTER #1768 OF AMERICAN ASS OCIATION OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
13300 E. RT. 40 SILVER SPRINGS FL 34488	13300 E. RT. 40 SILVER SPRINGS FL 34488

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/26/1974**

3a. Date of Last Report: **05/01/1994**

4. FEI Number: **23-7371223** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)

2a. Mailing Address (26)

Suite, Apt. #, etc. (22) (27)

City & State (23) (28)

Zip (24) Country (25) Zip (29) Country (30)

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required

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

9. Name and Address of Current Registered Agent

MILLS, RICHARD C.
13300 E. RT. 40
SILVER SPRINGS FL 34488

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	VASVARI, PAUL	1.2 NAME	ELLIS, JESSIE	
STREET ADDRESS	1830 SE 169 CT	1.3 STREET ADDRESS	4323 NE 17 TERR	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	1.4 CITY-ST-ZIP	SILVER SPRINGS FL 34488	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	HILTS, ROBERT C	2.2 NAME		
STREET ADDRESS	2420 SE 174 CT	2.3 STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRINGS FL 34488	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE		☐ Change ☒ Addition
NAME	HUNSICKER, OLIVE	3.2 NAME		
STREET ADDRESS	18648 SE 19 ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRINGS FL	3.4 CITY-ST-ZIP	SILVER SPRINGS FL 34488	
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	EASTMAN, HELEN E	4.2 NAME		
STREET ADDRESS	2000 SE 173RD CT	4.3 STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRINGS FL 34488	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	BODINE, KOLO	5.2 NAME		
STREET ADDRESS	16801 SE 6TH STREET	5.3 STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRINGS FL 34488	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	EASTMAN, HELEN E	6.2 NAME		
STREET ADDRESS	2000 SE 173RD CT	6.3 STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRINGS, FL 00000	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)(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: Helen E. Eastman HELEN E EASTMAN APRIL 18 1995 (904)625-5212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Eastman

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. IF YOU NEED ASSISTANCE, PLEASE CALL THE ANNUAL REPORT SECTION AT (904) 487-6056.

FILING FEE $130.00	ANNUAL REPORT $61.25 + $68.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

Reminder:

1. Changes in addresses, officers and registered agent must be typed or printed in ink and legible.
2. Include information in Blocks 3 and 4 if not preprinted by the computer.
3. Signature of the proper officer or director as noted in instructions for Block 14.
4. Indicate liability for intangible tax under s. 199.032, Florida Statutes, in Block 8.
5. Submit with total amount due in the form of a separate check for each filing. (Payable in United States Funds through a United States Bank to Department of State.) Fee is $130.00.

Block 1. Block 1 is preprinted with the corporation's name, document number, mailing address and principal place of business as previously reported to our office. The name of corporation cannot be changed by way of this annual report.

Block 2. Enter the principal place of business if different from the mailing address, or if it has been changed from what was previously reported, in Block 2.

Block 2a. If the computer-entered mailing address in Block 1 is incorrect, enter the new mailing ... 2a. A Post Office Box is acceptable.

Block 3. Enter the date of incorporation or ...

Block 3a. Enter the file date of the last filed a ...

Block 4. Complete Block 4 by entering your ... opriate box. If "applied for" is preprinted in Block 4, you must now provide the FEI number. For al ...

Block 5. Should you desire a certificate refle ... BOX in Block 5 and include an additional $8.75 with your filing fee.

Block 6. Florida law allows for a voluntary co ... c financing of political campaigns for the offices of the Governor and members of the Cabinet. If you ...

Block 7. If this corporation is a non-profit co ... evenue Service Code, please check the box. The corporation is not subject to the $68.75 supplem ... other non-profit corporations must pay the supplemental corporation fee. Please direct all qu ... atus.

Block 8. Check the appropriate box. Please di ... 00-352-3671.

Block 9. The law requires that each corporatic ... ter entry in Block 9 is incorrect, enter the correct information in Block 10. There is no additional fee ...

Block 10. Enter name of new Registered Agent ... ox or mail service is NOT acceptable for service of process. THE CORPORATION CANNOT BE ITS ...

Block 11. The new registered agent must indica ... acceptance of these obligations and this appointment by completing and signing in Block 11. No signature is ne ... the same Registered Agent is retained. If the Registered Agent is a different corporation, the person signing must state their position with the corporation. NOTE: Registered agent signature required when reinstating on this form.

Sirs:
We are a very small group of 28 persons who cannot afford to pay a $10.00 a month service fee for a checking account, so we have gone to a savings account at $3.00 a month. As we seldom have over 200. in our account - thus the money order for $130.00
Thank You
Helen E. Eastman Pres.
Silver Lake Acres Chap.
#1768 of AARP.

Block 12. Block 12 contains the last information on officers/directors reported to our office. Please do not make any marks in block 12, corrections or additions are to be made in block 13. If there is no change in the information, nothing else is required.

Block 13. Block 13 is for changes or additions to the existing Officers/Directors in Block 12. Changes must be typed or printed and legible. Use the following type symbols on the title line: *P=President; V=Vice President; T=Treasurer; S=Secretary; D=Director; C=Chairman; M=Managing Director. If a person holds more than one position, enter all positions, e.g., S/D; V/S; V/T/D.* A NON-PROFIT CORPORATION MUST LIST THREE (3) DIRECTORS OR TRUSTEES WITH THEIR STREET ADDRESSES. THE LETTER "D" or "T" MUST BE PLACED BY THE NAME OF EACH DIRECTOR. NOTE: A DIRECTOR MUST BE A NATURAL PERSON 18 YEARS OF AGE OR OLDER. NOTE: If officer or director's address is confidential pursuant to Section 119.07(k), Florida Statutes, an alternate address must be provided. Officers/Directors must list street addresses. If there is no street address, enter the mailing address and "N/A".

Block 14. This report must be signed in Block 14with an original signature by either the President, Vice President, Secretary, Treasurer or Director of the Corporation that is listed in Block 12, Block 13 if a change, or on an attachment with a street address. If the corporation is in the hands of a receiver, it must be signed by the trustee or receiver. A signature placed on an attachment in lieu of placement in Block 14 is unacceptable.

Send only 1995 Preprinted Annual Reports with stub and check to:

Division of Corporations
Annual Reports
Post Office Box 1500
Tallahassee, Florida 32302-1500
Phone Number: (904) 487-6056

Send all other filings and correspondence to this address:

Annual Reports Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314
Street Address (Overnight Delivery):
409 East Gaines Street
Tallahassee, Florida 32399

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will administratively dissolve the corporation if a replacement payment with service charge and annual report are not resubmitted within the proscribed time frame.