

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

1(2)

DOCUMENT # 730067 (6)

1. Corporation Name

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



Principal Place of Business

13300 E. RT. 40
SILVER SPRINGS FL 34488

Mailing Address

13300 E. RT. 40
SILVER SPRINGS FL 34488

3. Date Incorporated or Qualified
06/26/1974

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. 25.

29. 30.

4. FEI Number
23-7371223

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

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 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	<input checked="" type="checkbox"/> DELETE
NAME	ELLIS, JESSIE	
STREET ADDRESS	4323 NE 17 TERRACE	
CITY - ST - ZIP	SILVER SPRINGS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HILTS, ROBERT C	
STREET ADDRESS	2420 SE 174 CT	
CITY - ST - ZIP	SILVER SPRINGS FL 34488	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HUNSICKER, OLIVE	
STREET ADDRESS	18648 SE 19 ST	
CITY - ST - ZIP	SILVER SPRINGS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	EASTMAN, HELEN E	
STREET ADDRESS	2000 SE 173RD CT	
CITY - ST - ZIP	SILVER SPRINGS FL 34488	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BODINE, KOLO	
STREET ADDRESS	16801 SE 6TH STREET	
CITY - ST - ZIP	SILVER SPRINGS FL 34488	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EASTMAN, HELEN E	
STREET ADDRESS	2000 SE 173RD CT	
CITY - ST - ZIP	SILVER SPRINGS, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HILTS, ROBERT C	
1.3 STREET ADDRESS	2420 SE 174 CT	
1.4 CITY - ST - ZIP	SILVER SPRINGS FL 34488	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CRICHTON, JEAN	
2.3 STREET ADDRESS	16858 SE 9th ST	
2.4 CITY - ST - ZIP	SILVER SPRINGS FL 34488	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	HILTS, HOLLY	
5.3 STREET ADDRESS	2420 SE 174 CT	
5.4 CITY - ST - ZIP	SILVER SPRINGS FL 34488	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	STEWART, THELMA H	
6.3 STREET ADDRESS	1754 SE 169 TERR RD	
6.4 CITY - ST - ZIP	SILVER SPRINGS FL 34488	

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 119.06(8)(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 *Helen E. Eastman* Helen E. Eastman, Treas. 04-06-96 (352) 625-5212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

2 (2)

SILVER LAKES ACRES CHAPTER #1768 OF AARP, INC

ADDITIONAL

D

MILLS, RICHARD C

13300 E RT 40

SILVER SPRINGS, FL 34488