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Apr 22 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 # **730067** (6)

1. Corporation Name

SILVER LAKES ACRES CHAPTER #1768 OF AMERICAN ASSOCIATION 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**



3. Date Incorporated or Qualified

06/26/1974

4. FEI Number

23-7371223

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☒ Addition

NAME **PD
HILTS, ROBERT C.**
STREET ADDRESS **2420 SE 174TH COURT**
CITY - ST - ZIP **SILVER SPRINGS FL**

1.2 NAME **PD
Hilts, Robert E.**
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE ☒ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME **VD
CRICHTON, JEAN**
STREET ADDRESS **16858 SE 9TH ST**
CITY - ST - ZIP **SILVER SPRINGS FL**

2.2 NAME **VD
Ellis, Evelyn J.**
2.3 STREET ADDRESS **4323 NE 170 Terr.**
2.4 CITY - ST - ZIP **Silver Springs, FL 34488**

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **S
HUNSICKER, OLIVE**
STREET ADDRESS **18848 SE 19 ST**
CITY - ST - ZIP **SILVER SPRINGS FL**

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **T
EASTMAN, HELEN E**
STREET ADDRESS **2000 SE 173RD CT**
CITY - ST - ZIP **SILVER SPRINGS FL 34488**

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME **D
HILTS, HOLLY**
STREET ADDRESS **2420 SE 174TH COURT**
CITY - ST - ZIP **SILVER SPRINGS FL**

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME **D
STEWART, THELMA H.**
STREET ADDRESS **1754 SE 169 TERR RD**
CITY - ST - ZIP **SILVER SPRINGS, FL 00000**

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: *Helen E. Eastman* *Helen E. Eastman, Treasurer* 04-16-98 (352) 625-5212

CR2E037 (10/97)