


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90157 024 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 730067					
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		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/26/1974	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		23-7371223	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>					

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			
				85 Zip Code			
				FL			

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	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	HILTS, ROBERT E		1.2 NAME				
STREET ADDRESS	2420 SE 174TH COURT		1.3 STREET ADDRESS				
CITY-ST-ZIP	SILVER SPRINGS FL		1.4 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ELLIS, EVELYN J		2.2 NAME				
STREET ADDRESS	4323 NE 170 TERR		2.3 STREET ADDRESS				
CITY-ST-ZIP	SILVER SPRINGS FL 34488		2.4 CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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				
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	HILTS, HOLLY		5.2 NAME				
STREET ADDRESS	2420 SE 174TH COURT		5.3 STREET ADDRESS				
CITY-ST-ZIP	SILVER SPRINGS FL		5.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	STEWART, THELMA H.		6.2 NAME				
STREET ADDRESS	1754 SE 169 TERR RD		6.3 STREET ADDRESS				
CITY-ST-ZIP	SILVER SPRINGS, FL 00000		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, with all other like empowered.

SIGNATURE *Helen E. Eastman* **HELEN E. EASTMAN** 04-26-99 (52)625-5212
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)