

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90298 048 \*\*\*\*61.25

**DOCUMENT # 730067**

1. Entity 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

94055453



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082004 Chg-NP CR2E037 (10/03)

4. FEI Number  
23-7371223

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME HILTS, ROBERT E  
STREET ADDRESS 2420 SE 174TH CT  
CITY-ST-ZIP SILVER SPRINGS, FL 34488

TITLE VD ☐ Delete  
NAME ELLIS, JESSE  
STREET ADDRESS 4323 NE 170 TERRACE  
CITY-ST-ZIP SILVER SPRINGS, FL 34488

TITLE SD ☐ Delete  
NAME HARRISON, EVELYN  
STREET ADDRESS 1703 SE 183 TERRACE  
CITY-ST-ZIP SILVER SPRINGS, FL 34488

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

TITLE D ☒ Delete  
NAME BODINE, KOLO K  
STREET ADDRESS 16801 SE 6TH STREET  
CITY-ST-ZIP SILVER SPRINGS, FL 34488

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition  
NAME MILLS, RICHARD C.  
STREET ADDRESS 13300 E. RT. 40  
CITY-ST-ZIP SILVER SPRINGS, FL 34488

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME DISSINGER, THOMAS  
STREET ADDRESS 1833 SE 1874 AVE  
CITY-ST-ZIP SILVER SPRINGS, FL 34488

TITLE ☐ Change ☒ Addition  
NAME STALLINGS, POLLY  
STREET ADDRESS 2060 SE 169 AVENUE RD.  
CITY-ST-ZIP SILVER SPRINGS, FL 34488

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Helen E. Eastman Helen E. Eastman 04-17-04 (352) 625-5212  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #