

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90331 023 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-7371223**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

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

FILE NOW: FEE IS \$61.25

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 **HARRISON, EVELYN**
STREET ADDRESS **1703 SE 183 TERRACE**
CITY-ST-ZIP **SILVER SPRINGS FL 34488**

TITLE **VD** ☒ Delete
NAME **LIBERTINO, JAMES**
STREET ADDRESS **1880 SE 183 TERRACE**
CITY-ST-ZIP **SILVER SPRINGS FL 34488**

TITLE **S** ☒ Delete
NAME **HUNSICKER, OLIVE**
STREET ADDRESS **18648 SE 19 ST**
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 **D** ☒ Delete
NAME **STEWART, THELMA H.**
STREET ADDRESS **1754 SE 169 TERR RD**
CITY-ST-ZIP **SILVER SPRINGS FL 34488**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **HILTS, ROBERT E.**
STREET ADDRESS **2420 SE 174TH CT.**
CITY-ST-ZIP **SILVER SPRINGS FL 34488**

TITLE **VD** ☒ Change ☐ Addition
NAME **ELLIS, JESSIE**
STREET ADDRESS **4323 NE 170 TERRACE**
CITY-ST-ZIP **SILVER SPRINGS FL 34488**

TITLE **SD** ☒ Change ☐ Addition
NAME **HARRISON, EVELYN**
STREET ADDRESS **1703 SE 183 TERRACE**
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

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** (mail 18 2003 1352) 625-5212

CR2E037 (10/02)