

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 09 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 730693 (9)
 1. Corporation Name
CITRUS SPRINGS-DUNNELLOM CHAPTER #1817 OF AMERIC AN ASSOCIATION OF RETIRED PERSON, INC.



| | |
|--|--|
| Principal Place of Business 251 W. HOMEWAY LOOP CITRUS SPRINGS FL 34434 US | Mailing Address 251 W. HOMEWAY LOOP CITRUS SPRINGS FL 34434 US |
|--|--|

3. Date Incorporated or Qualified
09/16/1974

4. FEI Number
23-7383652

| | |
|-------------|----------------|
| Applied For | Not Applicable |
|-------------|----------------|

| | |
|---------------------------------|-------------------------|
| 21. Principal Place of Business | 2a. Mailing Address |
| 22. Suite, Apt. #, etc. | 2b. Suite, Apt. #, etc. |
| 23. City & State | 2c. City & State |
| 24. Zip | 2d. Zip |
| 25. Country | 2e. Country |

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**EISENMANN, JOHN
17549 S.W. ASTER AVE.
DUNNELLOM FL 32630**

10. Name and Address of New Registered Agent

| | |
|--|--------------|
| 81. Name | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) | FL |
| 83. | |
| 84. City | |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | S <input type="checkbox"/> DELETE |
| NAME | MARTIN, IRENE |
| STREET ADDRESS | 2180 W AUSTINE DR |
| CITY-ST-ZIP | CITRUS SPRINGS FL |
| TITLE | P <input type="checkbox"/> DELETE |
| NAME | LOSS, CATHERINE A. |
| STREET ADDRESS | 4082 W. FINDLAY ST. |
| CITY-ST-ZIP | CITRUS SPRGS, FL 00000 |
| TITLE | T <input type="checkbox"/> DELETE |
| NAME | MARTIN, MARY |
| STREET ADDRESS | 251 W HOMEWAY LOOP |
| CITY-ST-ZIP | CITRUS SPRINGS FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | ENGLAND, ROBERT |
| STREET ADDRESS | 1237 W SORRENTO DR |
| CITY-ST-ZIP | CITRUS SPRINGS FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | LOSS, JOSEPH |
| STREET ADDRESS | 4082 W FINDLAY ST |
| CITY-ST-ZIP | CITRUS SPRINGS FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | FIELDS, HOWARD |
| STREET ADDRESS | 8610 W SARAZEN DR |
| CITY-ST-ZIP | CITRUS SPRINGS FL |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 2180 Austin Dr. |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Ziech, Edward |
| 2.3 STREET ADDRESS | 2465 W. Eric Dr. |
| 2.4 CITY-ST-ZIP | Citrus Springs, Fl. 34434 |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Catherine Loss |
| 4.3 STREET ADDRESS | 4082 W. Findlay St. |
| 4.4 CITY-ST-ZIP | Citrus Springs, Fl. 34433 |
| 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | Penno, Adolph |
| 5.3 STREET ADDRESS | 9230 N. Elliot Way |
| 5.4 CITY-ST-ZIP | Citrus Springs, Fl. 34434 |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 _____ DATE _____

CR2E037 (10/97)