


FILE NOW: FILING FEE IS \$61.25

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Apr 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **732329** (8)

1. Corporation Name

**PALM BEACH - LEISUREVILLE CHAPTER #2086 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.**



Principal Place of Business <b>2085 SW 13TH AVE BOYNTON BEACH FL 33426 US</b>	Mailing Address <b>2085 SW 13TH AVE BOYNTON BEACH FL 33426-5334 US</b>
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3. Date Incorporated or Qualified <b>04/02/1975</b>	3a. Date of Last Report <b>03/11/1996</b>
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2. Principal Place of Business <b>21 113 SW 8TH PL</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 BOYNTON BEACH FL</b> Zip <b>24 33426</b> Country <b>25 US</b>	2a. Mailing Address <b>26 113 SW 8TH PL</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 BOYNTON BEACH, FL</b> Zip <b>29 33426</b> Country <b>30 US</b>
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4. FEI Number <b>23-7433785</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BROMLEY, WILLARD S. 2085 SW 13TH AVE BOYNTON BEACH FL 33426</b>	
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10. Name and Address of New Registered Agent <b>81 Name MARY L. RICKER</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 113 SW 8TH PL</b> <b>83</b> <b>84 City BOYNTON BEACH FL 85 Zip Code 33426</b>	
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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 Mary L. Ricker Treasurer 3/31/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	CD <input type="checkbox"/> DELETE
NAME	<b>COSTELLO, ELEANOR</b>
STREET ADDRESS	<b>2003 SW GOLF LANE</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>
TITLE	PD <input type="checkbox"/> DELETE
NAME	<b>COLCORD, PHYLLIS</b>
STREET ADDRESS	<b>2396 SW 13TH AVENUE</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	<b>FLOOD, PATRICK</b>
STREET ADDRESS	<b>2399 SW 13TH WAY</b>
CITY-ST-ZIP	<b>BOYNTON BCH, FL 00000</b>
TITLE	SD <input type="checkbox"/> DELETE
NAME	<b>DIXON, JANET</b>
STREET ADDRESS	<b>820 SW 18TH COURT</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	<b>BROMLEY, WILLARD S.</b>
STREET ADDRESS	<b>2085 SW 13TH AVE</b>
CITY-ST-ZIP	<b>BOYNTON BCH., FL 00000</b>
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	<b>FLOOD, HELEN</b>
STREET ADDRESS	<b>2399 SW 13TH WAY</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>VD VAN BUSKIRK, NORMA</b>
33 STREET ADDRESS	<b>2386 SW 14TH AVE</b>
34 CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33426</b>
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>TD MARY L. RICKER</b>
53 STREET ADDRESS	<b>113 SW 8TH PL</b>
54 CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33426</b>
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do 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 my address.

661-736-3870

CR2E037 (9/96)