2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 732329

1. Entity Name

PALM BEACH - LEISUREVILLE CHAPTER #2086 OF AARP, INC.

Principal Place of Business

1832 SW CONGRESS BLVD
BOYTON BEACH FL 33426
US

Mailing Address

1832 SW CONGRESS BLVD
BOYTON BEACH FL 33426
US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number 23-7433785 ☐ Applied For ☐ Not Applicat

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

6. Name and Address of Current Registered Agent

MCKELVEY, PATRICIA A
1832 SW CONGRESS BLVD
BOYNTON BEACH FL 33426

7. Name and Address of New Registered Agent

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 accep 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
Due By May 1, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Add
NAME	WEICKER, EVELYN		NAME	U00000439758
STREET ADDRESS	725 SW 18TH CT		STREET ADDRESS	03/02/06-80013-023 61.25
CITY-ST-ZIP	BOYNTON BEACH FL 33426		CITY-ST-ZIP	
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Add
NAME	MCKELVEY, PATRICIA A		NAME	
STREET ADDRESS	1832 SW CONGRESS BLVD		STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33426		CITY-ST-ZIP	
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Add
NAME	DIXON, JANET		NAME	
STREET ADDRESS	820 SW 18TH COURT		STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Add
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Add
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Add
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the informat 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 direc 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia A. McKelvey Patricia A. McKelvey 2-10-06 (561)739-57..