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Jan 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 733974 (0)
 1. Corporation Name
**ST. AUGUSTINE SOUTH-WEST AREA CHAPTER #2276 OF A
 AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.**



Principal Place of Business 222 DELTONA BLVD ST. AUGUSTINE SHORES FL 32086	Mailing Address 222 DELTONA BLVD ST. AUGUSTINE SHORES FL 32086
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3. Date Incorporated or Qualified 10/02/1975	Applied For
4. FEI Number 51-0148078	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BOURGUIGNON, ANNE K
 222 DELTONA BLVD
 ST. AUGUSTIN FL 32086**

10. Name and Address of New Registered Agent

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

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	PD	<input type="checkbox"/> DELETE
NAME	PACE, IRENE	
STREET ADDRESS	145 DELTONA BLVD.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCCARTHY, MARY LOU	
STREET ADDRESS	604 BAYWOOD TRAIL	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BOURGUIGNON, ANNE K	
STREET ADDRESS	222 DELTONA BLVD	
CITY-ST-ZIP	ST AUGUSTINE FL 32086-7355	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CAIOLA, CLARA	
STREET ADDRESS	144 CAPTAINS POINT CIRCLE	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUCKNER, IRENE D	
STREET ADDRESS	220 BARACOA COURT	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	zip 32086
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D KNIGHT, MINNICE
6.3 STREET ADDRESS	256 MONTEREY AVE.
6.4 CITY-ST-ZIP	ST. AUGUSTINE, FL. 32095

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: *Anne K Bourguignon* / *Anne K Bourguignon 1/19/1998 904-797-4495*

CR2E037 (10/97)

1998 Nonprofit Corporation Annual Report

DOCUMENT # 733974 (0)

St. Augustine South-West Area Chapter #2276
of American Association of Retired Persons, Inc.

ITEM # 13 - Additions/Changes To Officers and
Directors in Item 12.

ADDITIONS:

7.1 TITLE	D	<input checked="" type="checkbox"/> Addition
7.2 NAME	DELAGE, SHIRLEY	
7.3 STREET ADDRESS	884 CAPRI AVE.	
7.4 CITY-ST-ZIP	ST. AUGUSTINE, FL. 32086	
8.1 TITLE	D	<input checked="" type="checkbox"/> Addition
8.2 NAME	DELAGE, EDWARD	
8.3 STREET ADDRESS	884 CAPRI AVE.	
8.4 CITY-ST-ZIP	ST. AUGUSTINE, FL. 32086	

NOTE: The two above named persons are to be added
to our list of directors

Anne K. Bourguignon

ANNE K. BOURGUIGNON Jan. 9, 1998
daytime phone 904: 797-4852