

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733974

FILED  
May 06, 2010  
Secretary of State

**Entity Name:** ST. AUGUSTINE SOUTH-WEST AREA CHAPTER #2276 OF AARP, INC.

**Current Principal Place of Business:**

112 CAPTAIN'S POINTE CIR  
ST AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

112 CAPTAIN'S POINTE CIR  
ST AUGUSTINE, FL 32086

**New Mailing Address:**

**FEI Number:** 51-0148078      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** DENNEY, BRENDA  
**Address:** 2124 CENTURY BLVD E  
**City-St-Zip:** SAINT AUGUSTINE, FL 32084

**Title:** TD  
**Name:** KIRCHHOFF, EDWARD J  
**Address:** 112 CAPTAIN'S POINTE CIRCLE  
**City-St-Zip:** ST AUGUSTINE, FL 32086

**Title:** SD  
**Name:** SIEWERT, ESTHER  
**Address:** 707 MEDINA CT  
**City-St-Zip:** SAINT AUGUSTINE, FL 32086

**Title:** D  
**Name:** HARKNESS, SHIRLEY  
**Address:** 718 NIEVES LANE  
**City-St-Zip:** SAINT AUGUSTINE, FL 32086

**Title:** PD  
**Name:** HARKNESS, WILLIAM  
**Address:** 718 NIEVES LANE  
**City-St-Zip:** SAINT AUGUSTINE, FL 32086

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM HARKNESS

PD

05/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date