

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 735612 (4)

1. Corporation Name

PINE HILLS CHAPTER #2518 OF AMERICAN ASSOCIATION  
OF RETIRED PERSONS, INC.

Principal Place of Business

Mailing Address

% KARAS, VIRGINIA  
2032 CHICOTAH WAY  
ORLANDO FL 32818

% KARAS, VIRGINIA  
2032 CHICOTAH WAY  
ORLANDO FL 32818



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

|  |                                |
|--|--------------------------------|
| 3. Date Incorporated or Qualified  | 3a. Date of Last Report        |
| 04/19/1976   | 04/12/1995                     |
| 4. FEI Number  | Applied For                    |
| 95-3011574   | Not Applicable                 |
| 5. Certificate of Status Desired   | \$8.75 Additional Fee Required |
| <input type="checkbox"/>   |                                |
| 6. Election Campaign Financing Trust Fund Contribution   | \$5.00 May Be Added to Fees    |
| <input type="checkbox"/>   |                                |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |

|  |  |
|--|--|
| 9. Name and Address of Current Registered Agent          |  |
| KARAS, VIRGINIA<br>2032 CHICOTAH WAY<br>ORLANDO FL 32818 |  |

|  |  |
|--|--|
| 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 VIRGINIA KARAS T Virginia Karas 4-22-96  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

| 12. OFFICERS AND DIRECTORS |                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------------------|---|---|
| TITLE                      | V <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | KARAS, EDWARD                      | 1.2 NAME  |   |
| STREET ADDRESS             | 2032 CHICOTAH WAY                  | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | ORLANDO, FL 00000                  | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | P <input type="checkbox"/> DELETE  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SOUKUP, ROBERT                     | 2.2 NAME  |   |
| STREET ADDRESS             | 8427 VILLAGE GREEN                 | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | ORLANDO FL                         | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VP <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SKOWRON, WALTER                    | 3.2 NAME  |   |
| STREET ADDRESS             | 2718 INVIRONS BLVD                 | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | ORLANDO FL                         | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MOON, WILLIAM                      | 4.2 NAME  |   |
| STREET ADDRESS             | 4505 MWADOWBROOK AVE               | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | ORLANDO FL                         | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | T <input type="checkbox"/> DELETE  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | KARAS, VIRGINIA                    | 5.2 NAME  |   |
| STREET ADDRESS             | 2032 CHICOTAH WAY                  | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | ORLANDO, FL 00000                  | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LUKE, AUDREY                       | 6.2 NAME  |   |
| STREET ADDRESS             | 1771 TALLOWAY                      | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | ORLANDO FL                         | 6.4 CITY-ST-ZIP                                       |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: VIRGINIA KARAS Virginia Karas 4/22/96 407-298-2603  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)