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FILED

May 06 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortherm  
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

% KARAS, VIRGINIA  
2032 CHICOTAH WAY  
ORLANDO FL 32818

Mailing Address

% KARAS, VIRGINIA  
2032 CHICOTAH WAY  
ORLANDO FL 32818-5332



3. Date Incorporated or Qualified  
04/19/1976

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

95-3011574

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KARAS, VIRGINIA  
2032 CHICOTAH WAY  
ORLANDO FL 32818

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

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  
NAME KARAS, EDWARD  
STREET ADDRESS 2032 CHICOTAH WAY  
CITY-ST-ZIP ORLANDO, FL 00000 ☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE P  
NAME SOUKUP, ROBERT  
STREET ADDRESS 8427 VILLAGE GREEN  
CITY-ST-ZIP ORLANDO FL ☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE VP  
NAME SKOWRON, WALTER  
STREET ADDRESS 2718 INVIRONS BLVD  
CITY-ST-ZIP ORLANDO FL ☒ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE D  
NAME MOON, WILLIAM  
STREET ADDRESS 4505 MWADOWBROOK AVE  
CITY-ST-ZIP ORLANDO FL ☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE Y  
NAME KARAS, VIRGINIA  
STREET ADDRESS 2032 CHICOTAH WAY  
CITY-ST-ZIP ORLANDO, FL 00000 ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME LUKE, AUDREY  
STREET ADDRESS 1771 TALLOWAY  
CITY-ST-ZIP ORLANDO FL ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 an address.

SIGNATURE

7-25-97 1623882612

CR2E037 (9/96)