

FILE NOW: FILING FEE IS \$61.25

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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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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

3. Date Incorporated or Qualified	04/19/1976
4. FEI Number	95-3011574
Applied For	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	28 Zip
24 Country	29 Country
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 type="checkbox"/> No

9. Name and Address of Current Registered Agent
KARAS, VIRGINIA 2032 CHICOTAH WAY ORLANDO FL 32818

10. Name and Address of New Registered Agent
81 Name SAME
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code FL

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* DATE 2-5-98

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	KARAS, EDWARD
STREET ADDRESS	2032 CHICOTAH WAY
CITY - ST - ZIP	ORLANDO, FL 00000
TITLE	<input type="checkbox"/> DELETE
NAME	VP
STREET ADDRESS	SOUKUP, ROBERT
CITY - ST - ZIP	8427 VILLAGE GREEN ORLANDO FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D
STREET ADDRESS	NELDA, EUNICE
CITY - ST - ZIP	3510 EUNICE AVE ORLANDO FL
TITLE	<input type="checkbox"/> DELETE
NAME	MOON, WILLIAM
STREET ADDRESS	4505 MWADOWBROOK AVE
CITY - ST - ZIP	ORLANDO FL
TITLE	<input type="checkbox"/> DELETE
NAME	T
STREET ADDRESS	KARAS, VIRGINIA
CITY - ST - ZIP	2032 CHICOTAH WAY ORLANDO, FL 00000
TITLE	<input type="checkbox"/> DELETE
NAME	D
STREET ADDRESS	LUKE, AUDREY
CITY - ST - ZIP	1771 TALLOWAY ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DIRECTOR
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 checked="" type="checkbox"/> Addition
3.2 NAME	VP
3.3 STREET ADDRESS	QUINTON ROBERTS
3.4 CITY - ST - ZIP	8211 OLD GRUE DR. ORLANDO FL. 32818
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PRESIDENT
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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: *Virginia Karas* 2-5-98 407-298-2603

CR2E037 (10/97)