

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90124 016 ****61.25

DOCUMENT # 735612

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/19/1976

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

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

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME VP
SOUKUP, ROBERT
STREET ADDRESS 8427 VILLAGE GREEN
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME VP
QUINTON ROBERTS
STREET ADDRESS 8211 OLD GROVE DR
CITY-ST-ZIP ORLANDO FL 32818

TITLE ☒ DELETE

NAME P
MOON, WILLIAM
STREET ADDRESS 4505 MWADOWBROOK AVE
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME T
KARAS, VIRGINIA
STREET ADDRESS 2032 CHICOTAH WAY
CITY-ST-ZIP ORLANDO, FL 00000

TITLE ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: Virginia Karas KARAS 1-799 407-298-2603

CR2E037 (11/98)