

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90214 004 ****61.25

DOCUMENT # 735612

1. Entity Name

PINE HILLS CHAPTER #2518 OF AARP, INC.



Principal Place of Business

% KARAS, VIRGINIA
2032 CHICOTAH WAY
ORLANDO FL 32818

Mailing Address

% KARAS, VIRGINIA
2032 CHICOTAH WAY
ORLANDO FL 32818

Deceased

Deceased



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

Rose Mary Broomhall
Suite, Apt. #, etc.

3. Mailing Address

1320 Hernandez Dr.
Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

95-3011574

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KARAS, VIRGINIA
2032 CHICOTAH WAY
ORLANDO FL 32818

Deceased

7. Name and Address of New Registered Agent

Name *Rose Mary Broomhall*

Street Address (P.O. Box Number is Not Acceptable)

1320 Hernandez Dr.

City *Orlando*

FL

Zip Code *32808*

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Rose Mary Broomhall, Treas.*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	EUNICE, NELDA	
STREET ADDRESS	3510 EUNICE AVE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	S	<input type="checkbox"/> Delete
NAME	CHASTEEN, MAE	
STREET ADDRESS	5812 GAMBLE DR.	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	VP	<input type="checkbox"/> Delete
NAME	QUINTON ROBERTS	
STREET ADDRESS	8211 OLD GROVE DR	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BROOMHALL, ROSE M	
STREET ADDRESS	1320 HERNANDEZ DR	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	KARAS, VIRGINIA	<input checked="" type="checkbox"/> Delete
NAME	2032 CHICOTAH WAY	
STREET ADDRESS	ORLANDO, FL 00000	
CITY-ST-ZIP	<i>Deceased</i>	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINSLOW, BARBARA D	
STREET ADDRESS	1638 SILVER STAR RD	
CITY-ST-ZIP	ORLANDO FL 32804	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>President</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Quinton Roberts</i>	
STREET ADDRESS	<i>8211 Old Grove Dr</i>	
CITY-ST-ZIP	<i>Orlando, FL 32818</i>	
TITLE	<i>Treas</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Rose Mary Broomhall</i>	
STREET ADDRESS	<i>1320 Hernandez Dr</i>	
CITY-ST-ZIP	<i>Orlando, FL 32808</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rose Mary Broomhall, Treas.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-295-1708