

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

96 FEB -8 AM 10: 59

DOCUMENT # 735932 (6)

1. Corporation Name

UPPER KEYS CHAPTER #2519 OF AMERICAN ASSOCIATION
OF RETIRED PERSONS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

% SENIOR CENTER BUILDING GOV. CENTER
88800 US HIGHWAY #1
PLANTATION KEY FL 33070

P.O. BOX 1134
TAVERNIER FL 33070-1134

3. Date Incorporated or Qualified

05/26/1976

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 *as above*

26 *as above*

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 *as above*

27 *as above*

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 *Tavernier FL*

28 *Tavernier FL*

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 *33070*

25 *FL*

29 *33070*

30 *FL*

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

HASSETT, ALICE
271 JASMINE ST.
TAVERNIER FL 33037

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 PD ☐ DELETE
NAME HASSETT, ALICE
STREET ADDRESS 271 JASMINE ST
CITY-ST-ZIP TAVERNIER FL 33070

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VP ☒ DELETE
NAME ROSS, FRED
STREET ADDRESS 97680 OVERSEAS HWY 10
CITY-ST-ZIP KEY LARGO FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☒ Change

☐ Addition

TITLE S ☐ DELETE
NAME WEAVER, MARVIS
STREET ADDRESS 104 TWEEDY RIE TERR.
CITY-ST-ZIP KEY LARGO FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE P ☐ DELETE
NAME BURNETTE, JEANNE
STREET ADDRESS 229 CUBA RD.
CITY-ST-ZIP TAVERNIER FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D ☒ DELETE
NAME ANDERSON, ALICE
STREET ADDRESS 99-SEASIDE AVE.
CITY-ST-ZIP KEY LARGO FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☒ Change

☐ Addition

TITLE D ☐ DELETE
NAME CUTLER, JOAN
STREET ADDRESS 910-S RUBY DR.
CITY-ST-ZIP KEY LARGO FL

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)