

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90249 006 \*\*\*\*61.25

**DOCUMENT # 736128**

1. Entity Name

**COOPER CITY CHAPTER #2568 OF AARP, INC.**



Principal Place of Business

**5155 S.W. 90 AVENUE  
COOPER CITY FL 33328**

Mailing Address

**5155 S.W. 90 AVENUE  
COOPER CITY FL 33328**

2. Principal Place of Business

3. Mailing Address

**11167 Longboat Dr.**

Suite, Apt. #, etc.

**Cooper City, FL**

City & State

**33026**

**U.S.A.**

Zip

Country

Zip

Country

4. FEI Number **95-3026116**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM/  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

**Ida F. Pementa, President  
AARP**

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

**11167 Longboat Drive**

**Cooper City, FL 33026**

City

**FL**

Zip Code

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

**Ida F. Pementa, President, AARP**

**2/18/03**

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**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	<b>CAMARASANA, VITO</b>	
STREET ADDRESS	<b>9314 ARBOR WOOD LN</b>	
CITY-ST-ZIP	<b>DAVIE FL 33328</b>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<b>MADSON, VIRGINIA I.</b>	
STREET ADDRESS	<b>11750 SW 58 PL</b>	
CITY-ST-ZIP	<b>COOPER CITY FL</b>	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	<b>PEMENTA, IDA</b>	
STREET ADDRESS	<b>11167 LONGBOAT DR</b>	
CITY-ST-ZIP	<b>COOPER CITY FL 33026</b>	
TITLE	VP 1st	<input type="checkbox"/> Delete
NAME	<b>MOORE, RENA</b>	
STREET ADDRESS	<b>10278 SW 56 ST</b>	
CITY-ST-ZIP	<b>COOPER CITY FL 33328</b>	
TITLE	VP 2nd	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Ida F. Pementa</b>	
STREET ADDRESS	<b>11167 Longboat Dr.</b>	
CITY-ST-ZIP	<b>Cooper City, FL 33026</b>	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Same</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Elisa Bartolomeo</b>	
STREET ADDRESS	<b>1931 NW 188 Ave.</b>	
CITY-ST-ZIP	<b>Pembroke Pines, FL 33029</b>	
TITLE	VP 1st	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Same</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP 2nd	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Dorothy Shay</b>	
STREET ADDRESS	<b>11902 SW 9 Manor</b>	
CITY-ST-ZIP	<b>Davie, FL 33325</b>	
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:

**SIGNATURE REQUIRED**

**Ida F. Pementa**

**Ida F. Pementa 2/18/03 436-8374**

CR2E037 (10/02)