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Mar 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **736579** (4)

1. Corporation Name

**CORAL SPRINGS CHAPTER #2621 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.**

Principal Place of Business

Mailing Address

**10150 NW 29TH ST  
CORAL SPRINGS FL 33071  
US**

**6920 NW 10TH CT  
MARGATE FL 33063-2441  
US**

3. Date Incorporated or Qualified

**08/12/1976**

4. FEI Number

**95-3039480**

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

Country

28 Zip

Country

24 **33065** 25 **USA**

29 **33065** 30 **USA**

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LANE, MARGARET  
8903 N.W. 38TH STREET  
CORAL SPRINGS FL 33065**

81 Name

**J. R. MASSEY**

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

**8500 ROYAL PALM BLVD #44**

83 City

**CORAL SPRINGS**

84 State

**FL**

85 Zip Code

**33065**

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/6/98**

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**PD  
SCHROEDER, EARL  
6920 NW 10TH CT  
MARGATE FL**

☒ DELETE

**SD  
STALEY, VERA  
5511 PINE CIRCLE  
CORAL SPRINGS FL**

☒ DELETE

**VD  
DE LUCA, VINCENT  
9293 SHADOW WOOD DRIVE  
CORAL SPRINGS FL**

☐ DELETE

**VD  
SHELL, MIRIAM  
9870 NW 25 CT  
CORAL SPRINGS FL**

☐ DELETE

**TD  
SCHROEDER, CAMILLA  
6920 NW 10TH CT  
MARGATE FL**

☒ DELETE

**VD  
MASSEY, JOHN R  
8500 ROYAL PALM BLVD #44  
CORAL SPRINGS FL**

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

**PRESIDENT  
MASSEY J.R.  
8500 ROYAL PALM BLVD #44  
CORAL SPRINGS, FL 33065**

☐ Change ☒ Addition

**SECRETARY  
NANCY ARENA  
9039 N.W. 21 CT.  
CORAL SPRINGS, FL 33071**

☐ Change ☒ Addition

**Treasurer  
JANE BEIN  
1432 N.W. 93 TERR  
CORAL SPRINGS, FL 33071**

☐ Change ☒ Addition

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JANE BEIN  
1432 N.W. 93 TERR  
CORAL SPRINGS, FL 33071**

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CORAL SPRINGS, FL 33071**

☐ Change ☒ Addition

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JANE BEIN  
1432 N.W. 93 TERR  
CORAL SPRINGS, FL 33071**

☐ Change ☒ Addition

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: **JANE BEIN** *[Signature]*

**954-783-6085**

CR2E037 (10/97)