

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 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90147 005 \*\*\*\*61.25

**DOCUMENT # 736579**

1. Corporation Name

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

Principal Place of Business

10150 NW 29TH ST  
CORAL SPRINGS FL 33071  
US

Mailing Address

J.R. MASSEY  
8500 ROYAL PALM BLVD. #44  
CORAL SPRINGS FL 33065  
US

205768 - 90147 - 8 9 \*



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

08/12/1976

4. FEI Number

95-3039480

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

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

10. Name and Address of New Registered Agent

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P

MASSEY, J.R.

8500 ROYAL PALM BLVD, #44

MARGATE FL 33065

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S

ARENA, NANCY

9039 N.W. 21 CT

CORAL SPRINGS FL 33071

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD

DE LUCA, VINCENT

9293 SHADOW WOOD DRIVE

CORAL SPRINGS FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD

SHELL, MIRIAM

9870 NW 25 CT

CORAL SPRINGS FL

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

T

BEIN, JANE

1432 N.W. 93 TERR

CORAL SPRINGS FL 33071

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ 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

P

MASSEY, J. R.

8500 ROYAL APALM BLVD A414

CORAL SPRINGS, FL 33065

☒ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

VD

HOFFMAN, IRENE

10777 W SAMPLE RD. #909

CORAL SPRINGS, FL. 33065

☐ Change

☒ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)