2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT#736579

FILED Oct 31, 2004 Secretary of State

Entity Name: CORAL SPRINGS CHAPTER #2621 OF AARP, INC.

10150 NIVA	Principal Place of Business:	New Principal Place of Business:
	V 29TH ST SPRINGS, FL 33071 US	
Current Mailing Address:		New Mailing Address:
8354 NW CORAL S	55TH CT SPRINGS, FL 33067 US	10777 WEST SAMPLE ROAD # 317 HOFFMAN CORAL SPRINGS, FL 33065 US
In accordar	r: 95-3039480 FEI Number Applied For() nce with s. 607.193(2)(b), F.S., the corporation did no d Address of Current Registered Agent:	FEI Number Not Applicable () Certificate of Status Desired () of receive the prior notice. Name and Address of New Registered Agent:
1200 SOL PLANTAT The above	PORATION SYSTEM JTH PINE ISLAND ROAD FION, FL 33324 US e named entity submits this statement for the p	ourpose of changing its registered office or registered agent, or both,
SIGNATU		
SIGNATO	Electronic Signature of Registered Age	ent Date
OFFICER	RS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	P () Delete GATTUSO, ANNA 8354 NW 55TH CT CORAL SPRINGS, FL 33067	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	S () Delete MONACO, MARIE 1025 NW 117TH AVE CORAL SPRINGS, FL 33071	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VD () Delete HOFFMAN, IRENE 10777 W SAMPLE RD #317 CORAL SPRINGS, FL 33065	Title: () Change () Addition Name: Address: City-St-Zip:
	VD () Delete	Title: () Change () Addition
Title: Name: Address: City-St-Zip:	ARENA, NANCÝ 9039 NW 21ST CT	Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRENE HOFFMAN VD 10/31/2004