

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736579

FILED  
Mar 19, 2006  
Secretary of State

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

**Current Principal Place of Business:**

10150 NW 29TH ST  
CORAL SPRINGS, FL 33071 US

**New Principal Place of Business:**

**Current Mailing Address:**

10777 WEST SAMPLE ROAD  
# 317 HOFFMAN  
CORAL SPRINGS, FL 33065 US

**New Mailing Address:**

**FEI Number:** 95-3039480      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HOFFMAN, IRENE  
Address: 10777 W SAMPLE ROAD #317  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: S ( ) Delete  
Name: PORCELLA, LOIS  
Address: 6761 VIA BELLINI  
City-St-Zip: LAKE WORTH, FL 33467

Title: VP ( ) Delete  
Name: GATTUSO, ANNA  
Address: 8354 NW 55TH CT  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: VD ( ) Delete  
Name: ARENA, NANCY  
Address: 9039 NW 21ST CT  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: T ( ) Delete  
Name: MCCLUSKEY, HELEN  
Address: 10777 WEST SAMPLE RD #718  
City-St-Zip: CORAL SPRINGS, FL 33065

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
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 Chapter 119, 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

P

03/19/2006

Electronic Signature of Signing Officer or Director

Date