

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

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90103 048 \*\*\*\*\*61.25

**DOCUMENT # 736875**

1. Entity Name

**PORT ST. LUCIE CHAPTER #2696 OF AARP, INC.**



Principal Place of Business

**181 S.E. LUCERO DRIVE  
PORT ST. LUCIE FL 34983-2066  
US**

Mailing Address

**181 S.E. LUCERO DRIVE  
PORT ST. LUCIE FL 34983-2066  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **95-3051350**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANATATION FL 33324**

Name

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **FELICI, ANN D D**  
STREET ADDRESS **4 LAKE VISTA TR. APT 204**  
CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE ☐ Change ☐ Addition  
NAME **WILLIAM VISTA TR. APT 204**  
STREET ADDRESS **PT. ST LUCIE FL. 34952**  
CITY-ST-ZIP

TITLE **VP** ☒ Delete  
NAME **NEWMAN, ELSA**  
STREET ADDRESS **702 RAMIE CT.**  
CITY-ST-ZIP **PORT ST LUCIE FL 34952**

TITLE **FVPD** ☒ Change ☐ Addition  
NAME **GOUDBERG, DIANE**  
STREET ADDRESS **1422 SE ARENSON, LA.**  
CITY-ST-ZIP **PT. ST LUCIE FL. 34952**

TITLE **VP** ☒ Delete  
NAME **SMITH, JOHN H**  
STREET ADDRESS **301 SW, BRIDGEPORT DRIVE**  
CITY-ST-ZIP **PORT ST. LUCIE FL 34983**

TITLE **SVPD** ☒ Change ☐ Addition  
NAME **KITSON, LIZ**  
STREET ADDRESS **19 LAKE VISTA TRAIL #105**  
CITY-ST-ZIP **PT. ST. LUCIE FL. 34952**

TITLE **SD** ☐ Delete  
NAME **NELSON, LINDA P**  
STREET ADDRESS **6811 NW HOGATE CIRCLE**  
CITY-ST-ZIP **PORT ST. LUCIE FL 34983-1340**

TITLE **SD** ☐ Change ☐ Addition  
NAME **6811 N.W. HOGATE CIRCLE**  
STREET ADDRESS **PT. ST. LUCIE, FL. 34983**  
CITY-ST-ZIP

TITLE **HCD** ☐ Delete  
NAME **ZIMMERMAN, SILVIA**  
STREET ADDRESS **1489 RIVERGREEN CIRCLE**  
CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE **HCD** ☐ Change ☐ Addition  
NAME **1489 RIVERGREEN CIRCLE**  
STREET ADDRESS **PT. ST. LUCIE, FL. 34952**  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **ROCHE, MAE T D**  
STREET ADDRESS **181 SE LUCERO DRIVE**  
CITY-ST-ZIP **PORT ST. LUCIE FL 34983-2066**

TITLE ☐ Change ☐ Addition  
NAME **181 SE LUCERO DR.**  
STREET ADDRESS **PT. ST. LUCIE, FL. 34983-2066**  
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: *MAE T ROCHE* **MAE T ROCHE TD** 1-28-03 1-772-878-1120

CR2E037 (10/02)