

**FILED**  
**Feb 21, 1999 8:00 am**  
**Secretary of State**

02-21-1999 90006 005 \*\*\*\*70.00

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # 736958**

1. Corporation Name

**LIGHTHOUSE POINT CHAPTER #2689 OF AMERICAN ASSOC  
IATION OF RETIRED PERSONS, INC.**

Principal Place of Business

1801 NE 6 STR  
POMPANO BCH FL 33060  
US

Mailing Address

PO BOX 5862  
LIGHTHOUSE POINT FL 33064-7312  
US

339614-8019-40



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/01/1976	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		95-3053019	
24 Country		29 Country		5. Certificate of Status Desired	
				X \$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

**CARNEY, FRANCES B**  
**1319 E HILLSBORO BLVD**  
**#215**  
**DEERFIELD BCH FL 33441**

10. Name and Address of New Registered Agent

81 Name **FLORENCE NADLER**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**1610 N.E. 49th Street,**  
 83  
 84 City **Pompano Beach** FL 85 Zip Code **33064**

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

*Florence Nadler President*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1/12/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CARNEY, FRANCES B</b>	1.2 NAME	<b>FLORENCE NADLER</b>
STREET ADDRESS	<b>1319 E HILLSBORO BLVD #215</b>	1.3 STREET ADDRESS	<b>1610 N.E. 49th Street</b>
CITY-ST-ZIP	<b>DEERFIELD BCH FL 33441</b>	1.4 CITY-ST-ZIP	<b>Pompano Beach, FL 33064</b>
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHITE, CHESNIE</b>	2.2 NAME	
STREET ADDRESS	<b>260 S GOLF BLVD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOWAL, CAROLINE</b>	3.2 NAME	
STREET ADDRESS	<b>5349 NE 20TH AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BCH FL</b>	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LAWRY, DOLORES</b>	4.2 NAME	<b>BEN ETRI</b>
STREET ADDRESS	<b>2833 S.W. 13TH DRIVE</b>	4.3 STREET ADDRESS	<b>1584 NE 30th</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>	4.4 CITY-ST-ZIP	<b>POMPANO BEACH 33064</b>
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERNARDINI, MARGARET</b>	5.2 NAME	
STREET ADDRESS	<b>2760 BANYON RD, #33A</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NADLER, FLORENCE</b>	6.2 NAME	<b>PATRICIA ELKINS</b>
STREET ADDRESS	<b>1610 NE 49TH ST</b>	6.3 STREET ADDRESS	<b>920 Doveplum Court,</b>
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	6.4 CITY-ST-ZIP	<b>Hollywood, FL 33019</b>

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

1/12/99

Daytime Phone #

CR2E037 (11/98)