

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90084 001 *****8.75
 03-12-2002 90084 002 *****61.25

DOCUMENT # 736958

1. Entity Name

LIGHTHOUSE POINT CHAPTER #2689 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

**1801 NE 6 STR
 POMPAO BCH FL 33060
 US**

Mailing Address

**PO BOX 5862
 LIGHTHOUSE POINT FL 33064-7312
 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

95-3053019

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NADLER, FLORENCE
 1610 NW 49TH STREET
 POMPAO BEACH FL 33064**

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.

SIGNATURE

Florence Nadler, Pres.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/21/02
 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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
 NAME **NADLER, FLORENCE**
 STREET ADDRESS **1610 NE 49TH STREET**
 CITY-ST-ZIP **POMPAO BEACH FL 33064**

TITLE **S** ☒ Delete
 NAME **BELFLORE, JOAN**
 STREET ADDRESS **777 S FEDERAL HWY G317**
 CITY-ST-ZIP **POMPAO BEACH FL 33062**

TITLE **T** ☐ Delete
 NAME **KOWAL, CAROLINE**
 STREET ADDRESS **1016 SW 42ND AVE**
 CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE **D** ☐ Delete
 NAME **ETRI, BEN**
 STREET ADDRESS **1584 NE 30CT**
 CITY-ST-ZIP **POMPAO BEACH FL 33064**

TITLE **D** ☒ Delete
 NAME **SMITH, OFELIA**
 STREET ADDRESS **2350 NE 14 ST APT 707**
 CITY-ST-ZIP **POMPAO BEACH FL 33062**

TITLE **D** ☐ Delete
 NAME **TOLSCH, VIOLET**
 STREET ADDRESS **121 NE 39TH ST**
 CITY-ST-ZIP **POMPAO BEACH FL 33064**

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME **Pascarella, ANN**
 STREET ADDRESS **1610 NW 48 place**
 CITY-ST-ZIP **POMPAO Beach, Florida 33064**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **GEORGE MCCARTHY**
 STREET ADDRESS **40811 NW 49 RD**
 CITY-ST-ZIP **TAMARAC FL 33319**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

Florence Nadler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/02
 Date

954-427-3154
 Daytime Phone #

CR2E037 (9/01)