

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 739009 (9)

1. Corporation Name

WEST BOCA CHAPTER #2643 OF AMERICAN ASSOCIATION  
OF RETIRED PERSONS, INC.



Principal Place of Business

16420 CHERRY WAY  
DELRAY BCH FL 33484  
US

Mailing Address

16420 CHERRY WAY  
DELRAY BCH FL 33484  
US

3. Date Incorporated or Qualified  
05/11/1977

3a. Date of Last Report  
02/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FLI Number

95-3119566

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'CONNER, GLORIA V  
22490 SEA BASS DRIVE  
BOCA RATON FL 33428

81

Name  
VINCENT A. MAIDA

82

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

22561 BLUE FIN TRAIL

83

84

City BOCA RATON

FL

85

Zip Code  
33428

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

Vincent A. Maida PD

(NOTE: Registered Agent signature required when reinstating)

3/12/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | PD                       | <input checked="" type="checkbox"/> DELETE |
| NAME           | O'CONNOR, GLORIA V       |  |
| STREET ADDRESS | 22490 SEABASS DRIVE      |  |
| CITY-ST-ZIP    | BOCA RATON FL 33428      |  |
| TITLE          | VD                       | <input checked="" type="checkbox"/> DELETE |
| NAME           | MAIDA, VINCENT           |  |
| STREET ADDRESS | 22561 BLUE FIN TRAIL     |  |
| CITY-ST-ZIP    | BOCA RATON FL            |  |
| TITLE          | TD                       | <input type="checkbox"/> DELETE            |
| NAME           | BARBERIO, HELEN          |  |
| STREET ADDRESS | 16420 CHERRY WAY         |  |
| CITY-ST-ZIP    | DELRAY BEACH FL 33484    |  |
| TITLE          | SD                       | <input checked="" type="checkbox"/> DELETE |
| NAME           | STUTZMAN, RUTH           |  |
| STREET ADDRESS | 9856 MARINA BLVD., #1330 |  |
| CITY-ST-ZIP    | BOCA RATON FL            |  |
| TITLE          |                          | <input type="checkbox"/> DELETE            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> DELETE            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |

|                    |                         |  |
|--------------------|-------------------------|--|
| 1.1 TITLE          | PD                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | MAIDA, VINCENT          |  |
| 1.3 STREET ADDRESS | 22561 BLUE FIN TRAIL    |  |
| 1.4 CITY-ST-ZIP    | BOCA RATON, FL. 33428   |  |
| 2.1 TITLE          | VD                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | BASIL IAMPIETRO         |  |
| 2.3 STREET ADDRESS | 8616 JARED WAY          |  |
| 2.4 CITY-ST-ZIP    | BOCA RATON, FL. 33433   |  |
| 3.1 TITLE          | VD                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | THERESA CONTINO         |  |
| 3.3 STREET ADDRESS | 22699 MERIDIANA DR      |  |
| 3.4 CITY-ST-ZIP    | BOCA RATON, FL. 33433   |  |
| 4.1 TITLE          | TD                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           | HELEN A. BARBERIO       |  |
| 4.3 STREET ADDRESS | 16420 CHERRY WAY        |  |
| 4.4 CITY-ST-ZIP    | DELRAY BEACH, FL. 33484 |  |
| 5.1 TITLE          | SD                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           | EMMA TEATON             |  |
| 5.3 STREET ADDRESS | 22805 SW 66 AVE #102    |  |
| 5.4 CITY-ST-ZIP    | BOCA RATON, FL. 33428   |  |
| 6.1 TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                         |  |
| 6.3 STREET ADDRESS |                         |  |
| 6.4 CITY-ST-ZIP    |                         |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Vincent A. Maida

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96

DATE

482-6643

Daytime Phone #

CR2E037 (12/95)