


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
05/11/1977

4. FEI Number
95-3119566

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**MAIDA, VINCENT
22561 BLUEFIN TRAIL
BOCA RATON FL 33428**

10. Name and Address of New Registered Agent
**81 Name: GERALD BURNS
82 Street Address (P.O. Box Number is Not Acceptable): 6394 LAS FLORES DR.
83 City: BOCA RATON
84 City: FL 85 Zip Code: 33433**

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 617.0502, Florida Statutes.

SIGNATURE: [Signature] PRES. 4/20/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE 1ST V.P.D	<input type="checkbox"/> DELETE
NAME MAIDA, VINCENT	
STREET ADDRESS 22561 BLUE FIN TRAIL	
CITY-ST-ZIP BOCA RATON FL	
TITLE 2ND V.P.D	<input type="checkbox"/> DELETE
NAME BASIL, IAMPIETRO	
STREET ADDRESS 8816 JARED WAY	
CITY-ST-ZIP BOCA RATON FL	
TITLE TD	<input checked="" 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 HICKEY, AGNES	
STREET ADDRESS 22615 SW 66 AVE	
CITY-ST-ZIP BOCA RATON FL	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME CONTINO, THERESA,	
STREET ADDRESS 22699 MERIDIANA DR	
CITY-ST-ZIP BOCA RATON FL	
TITLE PRES.D	<input type="checkbox"/> DELETE
NAME GERALD P. BURNS	
STREET ADDRESS 6394 LAS FLORES DR.	
CITY-ST-ZIP BOCA RATON FL 33433	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE TREAS.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME DOROTHY SAQUI	
1.3 STREET ADDRESS 8861 ELMO LANE	
1.4 CITY-ST-ZIP BOCA RATON FL. 33496	
2.1 TITLE SEC.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME WILHELMINA MEE	
2.3 STREET ADDRESS 23898 SW 57 AVE. #304	
2.4 CITY-ST-ZIP BOCA RATON, FL	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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.

SIGNATURE: [Signature] PRES. 4/20/98 487 3908

CR2E037 (10/97)