

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90099 030 ****61.25

DOCUMENT # 739009

1. Corporation Name

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

Principal Place of Business

6394 LAS FLORE DR.
BOCA RATON FL 33433
US

Mailing Address

6394 LAS FLORE DR.
BOCA RATON FL 33433
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

05/11/1977

4. FEI 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

9. Name and Address of Current Registered Agent

GERALD BURNS
6394 LAS FLORES DR
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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 ☐ DELETE

NAME **DOROTHY SAQUI**
STREET ADDRESS **8861 ECHO LN**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE ☐ DELETE

NAME **VPD BASIL IAMPIETRO**
STREET ADDRESS **8616 JARED WAY**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME **PD GERALD P BURNS**
STREET ADDRESS **6394 LAS FLORES DR**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☒ DELETE

NAME **S WILHELMINA MEE**
STREET ADDRESS **23398 SW 57TH AVE #304**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **SD HELEN BARBERIO**
1.3 STREET ADDRESS **16420 CHERRY WAY**
1.4 CITY-ST-ZIP **DELRAY BEACH, FL 33484**

2.1 TITLE **1st VPD** ☐ Change ☒ Addition

2.2 NAME **VINCENT MAIDA**
2.3 STREET ADDRESS **22561 BLUE FIN TRAIL**
2.4 CITY-ST-ZIP **BOCA RATON, FL 33428**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone#

4-15-99

457-3908

CR2E037 (11/98)