2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR) **DOCUMENT # 739009** 1. Entity Name WEST BOCA CHAPTER #2643 OF AARP, INC. Principal Place of Business Mailing Address 22561 BLUE FIN TRAIL 22561 BLUE FIN TRAIL **BOCA RATON FL 33428 BOCA RATON FL 33428** 2. Principal Place of Business 3. Mailing Address 8392 SUNMEADOW L 8392 SUNMEADOW LANE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State BOCA RATON FLORIDA OCA RATON -LORIDA

USA

CT CORPORATION SYSTEM

PLANTATION FL 33324

the obligations of registered agent.

1200 SOUTH PINE ISLAND ROAD

FILE NOW: FEE IS \$61.25

Due By May 1, 2004

FRANKLIN, LOUIS

VACCARO, JOHN

O'CONNOR, MARY

BISHOW, HOWARD

MAIDA, VINCENT

22561 BLUE FIN TRL

80CA RATON FL 33428

2VP

SD

PD

9165 SW 14 STREET

BOCA RATON FL 33428

2851 S OCEANS BLVD # 4A

2871 N OCEAN BLVD R-642

BOCA RATON FL 33431

8392 SUNMEADOW LN

BOCA RATON FL 33496

BOCA RATON FL 33432

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

33496

SIGNATURE

10.

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREFT ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

33496

USA

City

9. Election Campaign Financing

11.

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

VINCENT MAIDA

22561 BLUE FIN TRAIL

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

Trust Fund Contribution.

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FILED Mar 09, 2004 8:00 am Secretary of State

03-09-2004 90005 028 ****70.00

CR2E037 (11/03) MOORE 4. FEI Number Applied For 95-3119566 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to \$5.00 May Be Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 IST VICE-PRESIDENT/DIRECTOR Change JOHN FERRARA 188 BRIGHTON E BOCA RATON, FL 33496 2ND VICE-PRESIDENT DIRECTOR Change ☐ Addition DOMENICK SUPPA 9162A SW STH STREET BOCA RATON, FL 33428 ☐ Change ☐ Addition SECRETARY DIRECTOR Change ☐ Addition BASIL TAMPIETRO 8618 JARED WAY BOCA RATON, FL PRESIDENT/ CHAIRMAN Change ☐ Addition HOWARD BISHOW 8392 SUNMEADOW LANE BOCA RATON, FL 33496 ASSISTANT TREASURER DIRECTOR ☐ Change Addition

BOCA RATON, FL 33428 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.

JOWAL BUSHOW HOWARD BI. HOWARD BISHOW SIGNATURE: