

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90038 006 ****66.25

DOCUMENT # 739009

1. Entity Name

WEST BOCA CHAPTER #2643 OF AARP, INC.



Principal Place of Business

22561 BLUE FIN TRAIL
BOCA RATON FL 33428
US

Mailing Address

22561 BLUE FIN TRAIL
BOCA RATON FL 33428
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

95-3119566

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

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

(NOTE: Registered Agent signature and address must be stamped)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE 1VD ☐ Delete
NAME FERRARA, JOHN
STREET ADDRESS 188 BRIGHTON E.
CITY-ST-ZIP BOCA RATON FL 33496

TITLE 2VP ☐ Delete
NAME SUPPA, DOMENICK
STREET ADDRESS 9162A SW 5TH STREET
CITY-ST-ZIP BOCA RATON FL 33428

TITLE TD ☒ Delete
NAME O'CONNOR, MARY
STREET ADDRESS 2871 N OCEAN BLVD R-642
CITY-ST-ZIP BOCA RATON FL 33431

TITLE PD ☐ Delete
NAME MAIDA, VINCENT
STREET ADDRESS 22561 BLUE FIN TRAIL
CITY-ST-ZIP BOCA RATON FL 33428

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP

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 exemptions contained in Section 119, 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: Vincent Maida Vincent Maida

1/24/08