

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 739745 (8)

1. Corporation Name

SARASOTA SOUTHEAST CHAPTER #2931 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business

INCARNATION CHURCH HALL  
2901 BEE RIDGE ROAD  
SARASOTA FL 34239  
US

Mailing Address

Norman M. Davis, Jr.  
1501 N. Orange Ave.  
Sarasota, FL 34236

3. Date Incorporated or Qualified  
07/27/1977

3a. Date of Last Report  
03/15/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
95-3139384

Applied For  
Not Applicable

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22

27

City & State

City & State

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

23

28

Zip

Country

Zip

Country

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRINGALI, MATTHEW L.  
3909 COUNTRY VIEW DR.  
SARASOTA FL 34233-4129

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD  
NAME THOMPSON, JOSEPH C.  
STREET ADDRESS 6993 EASTON COURT  
CITY-ST-ZIP SARASOTA FL ☐ DELETE

1.1 TITLE SD  
1.2 NAME Cathy Polidoro  
1.3 STREET ADDRESS 3281 Beneva Rd. #103  
1.4 CITY-ST-ZIP Sarasota FL 34232 ☐ Change ☒ Addition

TITLE D  
NAME DELBENE, DONALD J  
STREET ADDRESS 2567 GLEBE FARM CLOSE  
CITY-ST-ZIP SARASOTA FL ☒ DELETE

2.1 TITLE D  
2.2 NAME Irene a. Warren Silver  
2.3 STREET ADDRESS 3834 Mira Lago Dr.  
2.4 CITY-ST-ZIP Sarasota, FL. 34238 ☐ Change ☒ Addition

TITLE PDS  
NAME MACKENSIE, ROSE  
STREET ADDRESS 285 CHARLEY CT. N.  
CITY-ST-ZIP SARASOTA FL ☒ DELETE

3.1 TITLE D  
3.2 NAME Dr. Stanley Godleski  
3.3 STREET ADDRESS 6300 Midnight Pass Rd.  
3.4 CITY-ST-ZIP Sarasota, FL. 34242 ☐ Change ☒ Addition

TITLE TD  
NAME BERRY, CHRISTEL  
STREET ADDRESS 2721 AUSTIN STREET  
CITY-ST-ZIP SARASOTA FL ☐ DELETE

4.1 TITLE D  
4.2 NAME Muriel Graham  
4.3 STREET ADDRESS 8445 Carrie Lane  
4.4 CITY-ST-ZIP Sarasota, FL. 34238 ☐ Change ☒ Addition

TITLE VD  
NAME TRINGALI, MATTHEW L  
STREET ADDRESS 3909 COUNTRYVIEW DR.  
CITY-ST-ZIP SARASOTA FL ☐ DELETE

5.1 TITLE PD  
5.2 NAME Norman M. Davis, Jr.  
5.3 STREET ADDRESS 1501 N. Orange Avenue  
5.4 CITY-ST-ZIP Sarasota, Florida 34236 ☐ Change ☒ Addition

TITLE D  
NAME MADEY, HENRY  
STREET ADDRESS 5949 ESSEX LANE  
CITY-ST-ZIP SARASOTA FL ☒ DELETE

6.1 TITLE  
6.2 NAME DIANE SCHAFER  
6.3 STREET ADDRESS 1125 LONGFELLOW WAY  
6.4 CITY-ST-ZIP SARASOTA, FL 34243 ☐ Change ☒ Addition

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: Matthew L. Tringali 3/6/96 (941) 924-6729

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)