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Apr 23 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 # **739745** (8)

1. Corporation Name

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

Principal Place of Business

Mailing Address

**INCARNATION CHURCH HALL
2901 BEE RIDGE ROAD
SARASOTA FL 34239
US**

**% NORMAN M. DAVIS JR. 4922 72nd St. E.
1301 N ORANGE AVENUE
SARASOTA FL 34236
US Bradenton, FL 34203**



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified

07/27/1977

4. FEI Number

95-3139384

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**

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 ☒ None

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
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

Matthew L. Tringali, V.P.

(NOTE: Registered Agent signature required when reinstating)

March 11, 1998

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	THOMPSON, JOSEPH C.
STREET ADDRESS	123 OAKHILL DR
CITY-ST-ZIP	SARASOTA FL 34232
TITLE	<input type="checkbox"/> DELETE
NAME	POLIDORO, CATHY
STREET ADDRESS	3281 BENEVA RD
CITY-ST-ZIP	SARASOTA FL 34232
TITLE	<input type="checkbox"/> DELETE
NAME	GODLESKI, DR STANLEY
STREET ADDRESS	6300 MIDNIGHT PASS ROAD
CITY-ST-ZIP	SARASOTA FL 34242
TITLE	<input type="checkbox"/> DELETE
NAME	BERRY, CHRISTEL
STREET ADDRESS	2721 AUSTIN STREET
CITY-ST-ZIP	SARASOTA FL 34231
TITLE	<input type="checkbox"/> DELETE
NAME	TRINGALI, MATTHEW L
STREET ADDRESS	3909 COUNTRYVIEW DR.
CITY-ST-ZIP	SARASOTA FL 34233
TITLE	<input type="checkbox"/> DELETE
NAME	DAVIS, NORMAN
STREET ADDRESS	1301 N ORANGE AVE 4922 72nd St. E.
CITY-ST-ZIP	SARASOTA FL Bradenton, FL 34203

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	COOKE, HARRY
1.3 STREET ADDRESS	2403 ARBORFIELD ST
1.4 CITY-ST-ZIP	SARASOTA, FL 34239
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mackenzie, ROSE
2.3 STREET ADDRESS	285 CHARLEY ST. N.
2.4 CITY-ST-ZIP	SARASOTA, FL 34232
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DAVIS, NORMAN
6.3 STREET ADDRESS	4922 72nd St. EAST
6.4 CITY-ST-ZIP	Bradenton, FL 34203

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:

Matthew L. Tringali

3/11/98

(941) 924-6729

CR2E037 (10/97)