

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 # 740339

(7)

1. Corporation Name

NORTH PALM BEACH COUNTY CHAPTER #2976 OF AMERICA
N ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

Mailing Address

C/O NO PALM BEACH VILLAGE HALL
P.O. BOX 14012
NORTH PALM BEACH FL 33408
US

POST OFFICE BOX 14012
NORTH MIAMI BEACH FL 33408
US



600001836386

-07/17/96--01037--004

***61.25

3. Date Incorporated or Qualified
10/05/1977

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
95-3158396

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUNDEMANN, ROBERT J.
414 FLOTILLA ROAD
NORTH PALM BEACH 33408

81 Name
82 Str.
83
84 City

Golson, Reta
907 Marina Drive #109
North Palm Beach, FL 33408

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

Robert M Landau

(NOTE: Registered Agent signature required on this statement.)

12. OFFICERS AND DIRECTORS

13.

TITLE ☒ DELETE
NAME GLASCOCK, BETTE
STREET ADDRESS 250 CYPRESS POINT DR
CITY-ST-ZIP PALM BCH GARDENS FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME BRENNER, ELEANOR
STREET ADDRESS 711 W. KALMIA DRIVE
CITY-ST-ZIP LAKE PARK FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

NAME GRINN, MANNY
STREET ADDRESS 600 GREENWAY DRIVE
CITY-ST-ZIP NORTH MIAMI BEACH FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME COSTINETT, CARMEN
STREET ADDRESS 4400 FUSHIA CIRCLE S.
CITY-ST-ZIP PALM BEACH BEACH GARDENS FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME HUNDEMANN, ROBERT
STREET ADDRESS 414 FLOTILLA ROAD
CITY-ST-ZIP NORTH PALM BEACH FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

P
Golson, Reta
907 Marina Drive #109
North Palm Beach, FL 33408

DIRECTORS IN 12
Change ☒ Addition

VP
Karr, Jane
1108 Marine Way # B4R
North Palm Beach, FL 33408

Change ☒ Addition

SEC
Greene Hulda
132 Lakeshore Drive #820
North Palm Beach, FL 33408

Change ☒ Addition

TR
Landau Robert M
628 Eastwind Drive.
North Palm Beach, FL 33408

Change ☐ Addition

☐ 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:

Robert M Landau *Robert M Landau* 4/25/96 8480482

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)