

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748040

FILED  
Apr 02, 2009  
Secretary of State

Entity Name: PLANTATION CHAPTER #3173 OF AARP, INC.

## Current Principal Place of Business:

6500 CYPRESS RD.  
#412  
PLANTATION, FL 33317

## New Principal Place of Business:

## Current Mailing Address:

6500 CYPRESS RD.  
#412  
PLANTATION, FL 33317

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLEITMAN, GLORIA  
6500 CYPRESS RD. #412  
PLANTATION, FL 33317 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: PEMENT, DETORIS A  
Address: 11167 LUNG B DAT DR  
City-St-Zip: COOPER CITY, FL 33026

Title: S ( ) Delete  
Name: BURNS, SALLY  
Address: 10550 STATE RD S4  
City-St-Zip: DAVIE, FL 33324

Title: T ( ) Delete  
Name: GRAHAM, JANET  
Address: 231 N. W. 65 AVE  
City-St-Zip: PLANTATION, FL 33317

Title: P ( ) Delete  
Name: FLEITMAN, GLORIA  
Address: 6500 CYPRESS RD. #412  
City-St-Zip: PLANTATION, FL 33317

Title: VP ( ) Delete  
Name: HEYLMANH, LORRAINE  
Address: 2320 SW 85 WAY  
City-St-Zip: DAVIE, FL 33324

Title: P (X) Delete  
Name: WHITTLETON, ANN  
Address: 3304 SW 14TH ST  
City-St-Zip: PLANTATION, FL 33312

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: PEMENTA, DOLORES M  
Address: 11167 LONG BOAT DR  
City-St-Zip: COOPER CITY, FL 33026-472

Title: S (X) Change ( ) Addition  
Name: BURNS, SALLY  
Address: 10550 STATE RD 84  
City-St-Zip: DAVIE, FL 33324

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: HEYLMANN, LORRAINE  
Address: 2320 SW 85 WAY  
City-St-Zip: DAVIE, FL 33324

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOLORES M. PEMENTA

VP

04/02/2009

Electronic Signature of Signing Officer or Director

Date