

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 748040

**FILED**  
**Apr 19, 2010**  
**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  
Name: PEMENTA, DOLORES M  
Address: 11167 LONG BOAT DR  
City-St-Zip: COOPER CITY, FL 33026

Title: S  
Name: KIRK, DOROTHY  
Address: 8215 N.W. 15 STREET  
City-St-Zip: PLANTATION, FL 33322

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

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

Title: VP  
Name: HEYLMANN, LORRAINE  
Address: 2320 SW 85 WAY  
City-St-Zip: DAVIE, FL 33324

I hereby 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 all other like empowered.

SIGNATURE: DOLORES M. PEMENTA

VP

04/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date