FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 751300 (5)

1. Corporation Name

BOYNTON LEISUREVILLE CHAPTER #3190 OF AMERICAN A SSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
1210 SW 20 AVENUE BOYNTON BCH FL 33426	STAVIS, GUS 2021 SW 17 AVE. BOYNTON BEACH FL 33426 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/28/1980
3a. Date of Last Report: 05/01/1994
4. FEI Number: 94-2632071 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

STAVIS, GUS
2021 S.W. 17TH AVENUE
BOYNTON BEACH FL 33426

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Gus Stavis Treasurer 2/27/95
Signature, fixed 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	PD	11 TITLE	☒ Change ☐ Addition PD
NAME	HUHMAN, SYLVIA	12 NAME	LaPorte, Chester
STREET ADDRESS	1908 SW 20 CIRCLE	13 STREET ADDRESS	1504 SW Nicholas Drive
CITY-ST-ZIP	BOYNTON BCH FL	14 CITY-ST-ZIP	Boynton Beach, FL 33426
TITLE	VD	21 TITLE	☒ Change ☐ Addition VD
NAME	HUHMAN, PAUL	22 NAME	Seigel, Hy
STREET ADDRESS	1908 SW 20 CIRCLE	23 STREET ADDRESS	2113 SW 15th Street
CITY-ST-ZIP	BOYNTON BEACH FL	24 CITY-ST-ZIP	Boynton Beach, FL 33426
TITLE	VD	31 TITLE	☒ Change ☐ Addition VD
NAME	LAPORTE, CHESTER	32 NAME	Haberland, William
STREET ADDRESS	1504 SW NICHLOAS DR.	33 STREET ADDRESS	2114 SW 22nd Court
CITY-ST-ZIP	BOYNTON BCH FL	34 CITY-ST-ZIP	Boynton Beach, FL 33426
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	MOLINARO, PAT	42 NAME	
STREET ADDRESS	1515 SW 22ND STREET	43 STREET ADDRESS	700001483657
CITY-ST-ZIP	BOYNTON BCH FL	44 CITY-ST-ZIP	-05/11/95--01016--001
TITLE	TD	51 TITLE	****9038.75 ☒ Change ☐ Addition
NAME	STAVIS, GUS	52 NAME	
STREET ADDRESS	2021 SW 17 AVE.	53 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

5/10

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)(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: Gus Stavis Treasurer 2/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone #
Phone: 407-369-4249

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