

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 # 751300 (5)

1. Corporation Name

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



Principal Place of Business

**1210 SW 20 AVENUE
BOYNTON BCH FL 33426**

Mailing Address

**STAVIS, GUS
2021 SW 17 AVE.
BOYNTON BEACH FL 33426
US**

3. Date Incorporated or Qualified
02/28/1980

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

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**

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

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

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 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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **LAPORTE, CHESTER**
STREET ADDRESS **1504 SW NICHOLAS DRIVE**
CITY - ST - ZIP **BOYNTON BEACH FL 33426**

TITLE **VD** ☐ DELETE
NAME **SEIGEL, HY**
STREET ADDRESS **2113 SW 15TH STREET**
CITY - ST - ZIP **BOYNTON BEACH FL 33426**

TITLE **VD** ☐ DELETE
NAME **HABERLAND, WILLIAM**
STREET ADDRESS **2114 SW 22ND COURT**
CITY - ST - ZIP **BOYNTON BEACH FL 33426**

TITLE **SD** ☐ DELETE
NAME **MOLINARO, PAT**
STREET ADDRESS **1515 SW 22ND STREET**
CITY - ST - ZIP **BOYNTON BCH FL**

TITLE **TD** ☐ DELETE
NAME **STAVIS, GUS**
STREET ADDRESS **2021 SW 17 AVE.**
CITY - ST - ZIP **BOYNTON BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GUS STAVIS
Treasurer/Director**

2/6/96 (407) 369-4249

Date

Daytime Phone

CR2E037 (12/95)