

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 15 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 33426-6442
US3. Date Incorporated or Qualified
02/28/19803a. Date of Last Report
02/19/1996

2. Principal Place of Business

21 1807 S.W. 18th Street

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 Boynton Beach FL

City & State

28 Zip Country

24 33426

25 USA

29

30

4. FEI Number

94-2632071

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

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 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	<input type="checkbox"/> DELETE
NAME	LAPORTE, CHESTER	
STREET ADDRESS	1504 SW NICHOLAS DRIVE	
CITY - ST - ZIP	BOYNTON BEACH FL 33426	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SEIGEL, HY	
STREET ADDRESS	2113 SW 15TH STREET	
CITY - ST - ZIP	BOYNTON BEACH FL 33426	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HABERLAND, WILLIAM	
STREET ADDRESS	2114 SW 22ND COURT	
CITY - ST - ZIP	BOYNTON BEACH FL 33426	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MOLINARO, PAT	
STREET ADDRESS	1515 SW 22ND STREET	
CITY - ST - ZIP	BOYNTON BCH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	STAVIS, GUS	
STREET ADDRESS	2021 SW 17 AVE.	
CITY - ST - ZIP	BOYNTON BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HUHMANN, SYLVIA	
1.3 STREET ADDRESS	1908 SW 20 CIRCLE	
1.4 CITY - ST - ZIP	BOYNTON BEACH, FL 33426	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HABERLAND, WILLIAM	
2.3 STREET ADDRESS	2114 SW 22nd COURT	
2.4 CITY - ST - ZIP	BOYNTON BEACH FL 33426	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FAHEY, WINIFRED	
3.3 STREET ADDRESS	1720 SW 19th DRIVE	
3.4 CITY - ST - ZIP	BOYNTON BEACH, FL 33426	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GUS STAVIS

Date

1/7/97

(561) 369-4249

Daytime Phone # 0041723

CR2E037 (9/96)