

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 751300 (5)

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



Principal Place of Business 1807 SW 18TH STREET BOYNTON BCH FL 33426 US	Mailing Address STAVIS, GUS 2021 SW 17 AVE. BOYNTON BEACH FL 33426 US
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3. Date Incorporated or Qualified 02/28/1980	
4. FEI Number 94-2632071	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current 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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HABERLAND, WILLIAM	
STREET ADDRESS	2114 SW 22ND COURT	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FAHEY, WINIFRED	
STREET ADDRESS	1720 SW 19TH DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HABERLAND, WILLIAM	
STREET ADDRESS	2114 SW 22ND COURT	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	SD	<input checked="" 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	PD	<input type="checkbox"/> DELETE
NAME	HUHMANN, SYLVIA	
STREET ADDRESS	1908 SW 20 CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CALABRESE, MARY	
3.3 STREET ADDRESS	1907 SW 17th AVENUE	
3.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MATTLIN, MARIE	
4.3 STREET ADDRESS	1980 CAMPANELLI BLVD	
4.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
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 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:  **GUS STAVIS** 1/26/98 (561) 369-4249

CR2E037 (10/97)