FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 751300

1. Corporation Name

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

FILED Feb 22, 1999 8:00 am § Secretary of State

02-22-1999 90131 047 ****61.25

30032 - 30131 - 47

Principal Place of Business Mailing Address											
1807 SW 18TH	STREET	STAVIS. GUS				[1]	16: 1 0:00: 1 1:00: 11:				
BOYNTON BCH	I FL 33426	2021 SW 17 AVE.				1111					
US		BOYNTON BEACH FL 33426 US			1	1188	IIII. I daal a stas st aes stest	00 400 010	11 8181) GIGH GIG	14 81811 1881	
			1								
				3 D-4-1-		ifad		3			
2. Principal Pl	ace of Business	2a. Mailing Address				3. Date Incorporated or Qualifed 02/28/1980					
21		26				4. FEI Number Applied For					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				94-26			<u> </u>		
22		27				. 54-20	52011			Applicable	
City & State		City & State				5. Certifca	te of Status Desire	d 🛚	\$8.75 A Fee Re		
23		28								-	
Zip	Country Zip		Country				Campaign Financi	ing 🗌	\$5.00 (Added to		
24	25	29 30	<u> </u>		1		und Contribution	Posistored		rees	
	9. Name and Address of Current	Registered Agent	8	l Nam		iv. Name a	and Address of No	am Kadistetan	Agent		
			*	Nam	10		,				
STAVIS, G	US		82 Street Ad			ddress (P.O. Box Number is Not Acceptable)					
	17TH AVENUE										
	BEACH FL 33426		83	3						}	
501111011			84	City					85 Zip C	ode	
								FL	.		
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the abov	/e-name	ed corpora	ation submit	s this statement for	the purpose of	changing its	registered	
office or re	anietored dinent of both, in the State Of	Florida, Silico change was autr	ionzeu v	v ine co	rporation's	s board of d	lirectors. I hereby a	ccept the appoi	ntment as req	jistered	
agent. I ai	m familiar with, and accept the obligation							1 /7 /6	0.0	İ	
SIGNATURE	Justows.	Gus Stavis und title if applicable. (NOTE: Re	Y Y	eas	urer	hen reinstating)		1/7/9	99		
Signature, hold or printed name of registered agent and title if applicable. (NOTE: Regi						ADDITIO	NS/CHANGES TO	OFFICERS AN	ID DIRECTO	RS IN 12	
TITLE		DELETE	13.		PD	**		-	Change	☐ Addition	
	¥U					א א דרו דו	irs wittet	A.M	* *		
NAME	HABERLAND, WILLIAM						ND, WILLI				
STREET ADDRESS	2114 SW 22ND COURT	;	4		1		22nd COU			4	
CITY-ST-ZIP	BOYNTON BEACH FL						BEACH FL		☐ Change	Addition	
TITLE	VU				SD			<u>.</u>		A	
NAME	FAHEY, WINIFRED						PRITCHAR		,		
STREET ADDRESS	1720 SW 19TH DRIVE		2.3 STREET ADL		190)6 SW	16th AVE	NUE -		1	
CITY-ST-ZIP	BOYNTON BEACH FL		2.4 CITY-ST-ZIP B			VNTON	BEACH FL		·		
TITLE	SD DELETE		31 TITLE 1		VD		<u> </u>	-	Change -	Addition	
NAME	CALABRESE, MARY		3.2 NAME		1	ABRES	SE, MARY			Į	
STREET ADDRESS	1907 S.W. 17TH AVE		3.3 STREET ADDRESS		ss 190	7 SW	17th AVE	NUE		1	
CITY-ST-ZIP	BOYNTON BEACH FL 33426						BEACH, F				
TITLE	SD	⊠ DELETE	4.1 TITLE						Change	☐ Addition	
NAME	MATTLIN, MARIE		4. 2 NAM	E	- [•				}	
STREET ADDRESS	1980 CAMPANELLI BLVD		4,3 STRE	ET ADDRE	SS						
	1900 CAMI AITECLE DEVD		1	4.4 CITY-ST-ZIP							
CITY-ST-ZIP		☐ DELETE	5.1 TITLE		TD				Change	Addition	
TITLE	ID STAME CHE		5.2 NAME			MTC	CHC		=		
NAME	STAVIS, GUS			ET ADORE:		AVIS,	17th AVE	MILE			
STREET ADDRESS	2021 SW 17 AVE.		5.4 CITY-				BEACH, F		•	· .	
CITY-ST-ZIP	BOYNTON BEACH FL	⊠ DELETE	6.1 TITLE		120		Dillion, I	-	Change	Addition	
TITLE	PD	₩ DELETE	6.2 NAME								
NAME	HUHMAN, SYLVIA									ļ	
STREET ADDRESS	1908 SW 20 CIRCLE			ET ADDRE	SS					Ì	
CITY+ST-ZIP (BOYNTON BEACH FL		6.4 CITY-	ST-ZIP			4				

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 jrustee 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, with all other like empowered.

SIGNATURE: