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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 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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

02/28/1980

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

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 *Gus Stavis* Gus Stavis, Treasurer

1/7/99

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 DELETE

VD
NAME HABERLAND, WILLIAM
STREET ADDRESS 2114 SW 22ND COURT
CITY-ST-ZIP BOYNTON BEACH FL

TITLE DELETE

VD
NAME FAHEY, WINIFRED
STREET ADDRESS 1720 SW 19TH DRIVE
CITY-ST-ZIP BOYNTON BEACH FL

TITLE DELETE

SD
NAME CALABRESE, MARY
STREET ADDRESS 1907 S.W. 17TH AVE
CITY-ST-ZIP BOYNTON BEACH FL 33426

TITLE DELETE

SD
NAME MATTLIN, MARIE
STREET ADDRESS 1980 CAMPANELLI BLVD
CITY-ST-ZIP BOYNTON BCH FL 33426

TITLE DELETE

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

TITLE DELETE

PD
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 PD Change Addition

1.2 NAME HABERLAND, WILLIAM
1.3 STREET ADDRESS 2114 SW 22nd COURT
1.4 CITY-ST-ZIP BOYNTON BEACH FL

2.1 TITLE SD Change Addition

2.2 NAME DOROTHY PRITCHARD
2.3 STREET ADDRESS 1906 SW 16th AVENUE
2.4 CITY-ST-ZIP BOYNTON BEACH FL

3.1 TITLE VD Change Addition

3.2 NAME CALABRESE, MARY
3.3 STREET ADDRESS 1907 SW 17th AVENUE
3.4 CITY-ST-ZIP BOYNTON BEACH, FL

4.1 TITLE Change Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE TD Change Addition

5.2 NAME STAVIS, GUS
5.3 STREET ADDRESS 2021 SW 17th AVENUE
5.4 CITY-ST-ZIP BOYNTON BEACH, FL

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE: *Gus Stavis* REQUIRED SIGNATURE STAVIS

1/7/99 (561) 369-9249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)