

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90141 046 ****61.25

DOCUMENT # 751300

1. Entity Name

BOYNTON LEISUREVILLE CHAPTER #3190 OF AARP, INC.

Principal Place of Business

1807 SW 18TH STREET
 BOYNTON BCH FL 33426
 US

Mailing Address

~~GEORGE MARHEFFA~~
 1507 SW 20TH STREET
 BOYNTON BEACH FL 33426
 US
ROSE MARIE MARHEFFA

2. Principal Place of Business

1807 SW 18TH ST.

3. Mailing Address

1507 SW 20TH ST.

Suite, Apt. #, etc.

BOYNTON BCH

Suite, Apt. #, etc.

City & State

FLORIDA

City & State

BOYNTON BCH, FL 33426

Zip

33426

Country

USA

Zip

33426

Country

USA

4. FEI Number

94-2632071

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Rose Marie Marheffa**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/9/02

**After September 13, 2002,
 min. will be \$236.25.**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
 NAME **CALABRESE, MARY**
 STREET ADDRESS **1907 SW 17TH AVENUE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE **PD** ☒ Change ☐ Addition
 NAME **ROSE MARIE MARHEFFA**
 STREET ADDRESS **1507 S.W. 20TH ST**
 CITY-ST-ZIP **BOYNTON BCH, FL 33426**

TITLE **SD** ☐ Delete
 NAME **SFERLAZZA, SARA**
 STREET ADDRESS **1505 SW 21ST STREET**
 CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE **SD** ☒ Change ☐ Addition
 NAME **SFERLAZZA, SARA**
 STREET ADDRESS **1903 SW 18TH ST.**
 CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE **VD** ☒ Delete
 NAME **MIGLIOZZI, HAROLD**
 STREET ADDRESS **1509 NICHOLAS DRIVE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE **VD** ☒ Change ☐ Addition
 NAME **CHESTER BROWER**
 STREET ADDRESS **2008 ROMA WAY**
 CITY-ST-ZIP **BOYNTON BCH, FL 33426**

TITLE **TD** ☒ Delete
 NAME **MARHEFFA, GEORGE**
 STREET ADDRESS **1507 SW 20TH STREET**
 CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE **TD** ☒ Change ☐ Addition
 NAME **ROSE MARIE FAUER**
 STREET ADDRESS **2205 SW 20TH TERR.**
 CITY-ST-ZIP **BOYNTON BCH, FL 33426**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Rose Marie Marheffa**

7/9/02

**(561)
 736-1220**

CR2E037 (4/02)