

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90006 032 ****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

1807 SW 18TH STREET
BOYNTON BCH FL 33426
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

Name

ROSE - MARIE - FAUER

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

2205 SW 20TH TERRACE

City

BOYNTON BEACH

FL

Zip Code

33426

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 Fauer

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-01-04

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **MARNEFKA, ROSE M**
STREET ADDRESS **1507 SW 20TH STREET**
CITY - ST - ZIP **BOYNTON BEACH FL 33426**

TITLE **P** ☐ Change ☒ Addition
NAME **OLENDA R. MIGLIOZZI**
STREET ADDRESS **1712 - 22ND STREET**
CITY - ST - ZIP **BOYNTON BEACH FL. 33426**

TITLE **VP** ☒ Delete
NAME **SFERLAZZA, MARGE**
STREET ADDRESS **2012 SW 16TH AVE**
CITY - ST - ZIP **BOYNTON BEACH FL 33426**

TITLE **VP** ☐ Change ☒ Addition
NAME **CAROL ROMANOFF**
STREET ADDRESS **2104 S.W. 24TH STREET**
CITY - ST - ZIP **BOYNTON BEACH FL 33426**

TITLE **S** ☒ Delete
NAME **SFERLAZZA, SARA**
STREET ADDRESS **1903 SW 18TH STREET**
CITY - ST - ZIP **BOYNTON BEACH FL 33426**

TITLE **S** ☐ Change ☒ Addition
NAME **ROBERTA ROBINSON**
STREET ADDRESS **1715 S.W. 22ND STREET**
CITY - ST - ZIP **BOYNTON BEACH FL. 33426**

TITLE **T** ☐ Delete
NAME **FAUER, ROSE M**
STREET ADDRESS **2205 SW 20TH TERR**
CITY - ST - ZIP **BOYNTON BEACH FL 33426**

TITLE **T** ☐ Change ☐ Addition
NAME **SAME**
STREET ADDRESS
CITY - ST - ZIP

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 Fauer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-01-04

Date

561-731-5882

Daytime Phone #