

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 765556 (6)

1. Corporation Name

POINCIANA CHAPTER #3520 OF AMERICAN ASSOCIATION  
OF RETIRED PERSONS, INC.



Principal Place of Business

%OWEN, HARRY  
710 DUFFER LANE  
POINCIANA FL 34759  
US

Mailing Address

%OWEN, HARRY  
710 DUFFER LANE  
POINCIANA FL 34759  
US

3. Date Incorporated or Qualified  
10/26/1982

3a. Date of Last Report  
02/21/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number  
59-2810995

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OWEN, HARRY  
710 DUFFER LANE  
POINCIANA FL 34759

81 Name

Miladeen Anderson

82

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

617 Fisher Ct

83

84 City

Poinciana

FL

85 Zip Code  
34759

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

Miladeen Anderson

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	T	<input type="checkbox"/> DELETE
NAME	ANDERSON, MILADEEN	
STREET ADDRESS	617 FISCHER COURT	
CITY-ST-ZIP	POINCIANA, FL 00000	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ROUSCH, ROBERT	
STREET ADDRESS	307 EDGEWOOD CT	
CITY-ST-ZIP	POINCIANA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROGALSKI, FRANCIS J	
STREET ADDRESS	771 SQUIRREL CT	
CITY-ST-ZIP	POINCIANA FL 34759	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	REED, JUNE	
STREET ADDRESS	794 DEL PRADO DR	
CITY-ST-ZIP	POINCIANA, FL 00000	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	ELLIS, SHIRLEY	
STREET ADDRESS	5 AMALFT WAY	
CITY-ST-ZIP	POINCIANA, FL 00000	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	OWEN, HARRY	
STREET ADDRESS	710 DUFFER LANE	
CITY-ST-ZIP	POINCIANA FL 34759	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rousch, Robert D
2.3 STREET ADDRESS	307 Edgewood Ct
2.4 CITY-ST-ZIP	Poinciana FL 34759
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Rogalski, Francis P
3.3 STREET ADDRESS	771 Squirrel Ct
3.4 CITY-ST-ZIP	Poinciana FL 34759
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Mandelson, Edward
4.3 STREET ADDRESS	608 Estrada Ln
4.4 CITY-ST-ZIP	Poinciana FL
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Prince, Christine S
5.3 STREET ADDRESS	623 Reindeer Dr
5.4 CITY-ST-ZIP	Poinciana FL 34759
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Fields, Winifred D
6.3 STREET ADDRESS	305 eadon
6.4 CITY-ST-ZIP	Poinciana FL 34759

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Miladeen Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/96 (941) 427-0171

CR2E037 (12/95)