

FILE NOW: FILING FEE IS \$61.25

FILED
May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # Poinclana Chapter # 3520 of 1. Corporation Name AARP POINCIANA CHAPTER 3520 AARP, Inc 765556			
Principal Place of Business 771 SQUIRREL CT. KISSIMMEE, FL 34759		Mailing Address 800002176518 -05/13/97--01051--015 ***61.25	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
3. Date Incorporated or Qualified Oct. 26, 1982		3a. Date of Last Report Apr. 3 1996	
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81 Name FRANCIS ROGALSKI 82 Street Address (P.O. Box Number is Not Acceptable) 771 SQUIRREL CT. 83 84 City KISSIMMEE 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 FRANCIS ROGALSKI <i>Francis Rogalski</i> 27 April 1997 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when relating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <input type="checkbox"/> DELETE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition PRESIDENT 1.2 NAME FRANCIS ROGALSKI 1.3 STREET ADDRESS 771 SQUIRREL CT 1.4 CITY-ST-ZIP KISSIMMEE FL 34759	
2.1 TITLE <input type="checkbox"/> DELETE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition VICE PRESIDENT 2.2 NAME MARGARET LOTT 2.3 STREET ADDRESS 639 BROCKTON DR. 2.4 CITY-ST-ZIP KISSIMMEE FL 34758	
3.1 TITLE <input type="checkbox"/> DELETE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition TREASURER 3.2 NAME MILADEEN ANDERSON 3.3 STREET ADDRESS 617 FISCHER CT 3.4 CITY-ST-ZIP KISSIMMEE FL 34759	
4.1 TITLE <input type="checkbox"/> DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition SECRETARY 4.2 NAME CHRISTINE PRINCE 4.3 STREET ADDRESS 623 REINDEER DR 4.4 CITY-ST-ZIP KISSIMMEE FL 34759	
5.1 TITLE <input type="checkbox"/> DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition DIRECTOR 5.2 NAME WINIFRED FIELDS 5.3 STREET ADDRESS 701 E. CADDY LA 5.4 CITY-ST-ZIP KISSIMMEE FL 34759	
6.1 TITLE <input type="checkbox"/> DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition DIRECTOR 6.2 NAME ROBERT ROUSCH 6.3 STREET ADDRESS 307 EDGEWOOD CT 6.4 CITY-ST-ZIP KISSIMMEE FL 34759	
14. I do 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.			
SIGNATURE <i>Francis Rogalski</i> FRANCIS ROGALSKI 4-27-97 941-427-0739 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

CR2E037 (9/96)