


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				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 771 SQUIRREL CT KISSIMMEE FL 34759 US			Mailing Address 771 SQUIRREL CT KISSIMMEE FL 34759 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/26/1982	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Zip	7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25	Country	30	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Name and Address of Current Registered Agent ROGALSKI, FRANCIS 771 SQUIRREL CT KISSIMMEE FL 34759				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 <u>Rogalski, Francis</u> DATE <u>1/14/97</u>					
12. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
T	ANDERSON, MILADEEN	617 FISCHER COURT	POINCIANA, FL 00000	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
D	ROUSCH, ROBERT	307 EDGEWOOD CT	POINCIANA FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
P	ROGALSKI, FRANCIS J	771 SQUIRREL CT	POINCIANA FL 34759	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
VP	LOTT, MARGARET	639 BROCKTON DR	KISSIMMEE FL 34758	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
S	PRINCE, CHRISTINE	623 REINDEER DRIVE	POINCIANA FL 34759	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
D	FIELDS, WINIFRED	701 E CADDY LA	KISSIMMEE FL 34759	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				1.1 TITLE	
				1.2 NAME	
				1.3 STREET ADDRESS	
				1.4 CITY-ST-ZIP	
				2.1 TITLE	
				2.2 NAME	
				2.3 STREET ADDRESS	
				2.4 CITY-ST-ZIP	
				3.1 TITLE	
				3.2 NAME	
				3.3 STREET ADDRESS	
				3.4 CITY-ST-ZIP	
				4.1 TITLE	
				4.2 NAME	
				4.3 STREET ADDRESS	
				4.4 CITY-ST-ZIP	
				5.1 TITLE	
				5.2 NAME	
				5.3 STREET ADDRESS	
				5.4 CITY-ST-ZIP	
				6.1 TITLE	
				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.

SIGNATURE: Robert W. Rousch, President DATE 1/14/97

CR2E037 (10/97)