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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 765556

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

21

Suite, Apt. #, etc.

22 City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

10/26/1982

4. FEI Number

NOT APPLICABLE

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

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

ROUSCH, ROBERT

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

307 EDGEWOOD 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

Robert W. Rousch

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

(NOTE: Registered Agent signature required when reinstating)

1-31-99

DATE

12. OFFICERS AND DIRECTORS

TITLE T ☒ DELETE

NAME ROGALSKI JAUET  
STREET ADDRESS 771 SQUIRREL CT  
CITY-ST-ZIP KISSIMMEE FL 34759

TITLE PRES ☐ DELETE

NAME ROUSCH, ROBERT  
STREET ADDRESS 307 EDGEWOOD CT  
CITY-ST-ZIP POINCIANA FL

TITLE D ☒ DELETE

NAME ROGALSKI, FRANCIS J  
STREET ADDRESS 771 SQUIRREL CT  
CITY-ST-ZIP POINCIANA FL 34759

TITLE VP ☐ DELETE

NAME LOTT, MARGARET  
STREET ADDRESS 639 BROCKTON DR  
CITY-ST-ZIP KISSIMMEE FL 34758

TITLE S ☐ DELETE

NAME BARBARA HOKAUSON  
STREET ADDRESS 716 PAKITE DR  
CITY-ST-ZIP KISSIMMEE FL 34758

TITLE D ☐ DELETE

NAME FIELDS, WINIFRED  
STREET ADDRESS 701 E CADDY LA  
CITY-ST-ZIP KISSIMMEE FL 34759

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T ☒ Change ☐ Addition

1.2 NAME MULLEN, DOROTHEA  
1.3 STREET ADDRESS 504 CARLEBAD DRIVE  
1.4 CITY-ST-ZIP POINCIANA, FL-34758

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)