

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90050 005 ****61.25

DOCUMENT # 765556

1. Entity Name

POINCIANA CHAPTER #3520 OF AARP, INC.



Principal Place of Business

701 CADDY LANE
POINCIANA FL 34759
US

Mailing Address

701 CADDY LANE
POINCIANA FL 34759
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

59-2810995

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

FIELDS, WINIFRED A
701 E CADDY LANE
POINCIANA FL 34759

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

TITLE T ☐ Delete
NAME DEAL, MARY
STREET ADDRESS 13 FLAG WAY
CITY-ST-ZIP POINCIANA FL 34799

TITLE VP ☒ Delete
NAME NOAD, KELTH
STREET ADDRESS 1902 ISLAND CIRCLE APT. 202
CITY-ST-ZIP KISSIMMEE FL 34741

TITLE P ☐ Delete
NAME FIELDS, WINIFRED A
STREET ADDRESS 701 E. CADDY LANE
CITY-ST-ZIP POINCIANA FL 34759

TITLE TP ☐ Delete
NAME STEPHENS, DORIS
STREET ADDRESS 6 FLAG DRIVE
CITY-ST-ZIP POINCIANA FL 34759

TITLE S ☐ Delete
NAME HOKANSON, BARBARA
STREET ADDRESS 716 TAHITI DR
CITY-ST-ZIP KISSIMMEE FL 34758

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V.P. ☐ Change ☐ Addition
NAME JUNG TATMAN
STREET ADDRESS 708 BEAR WAY
CITY-ST-ZIP POINCIANA, FL 34759

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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: *Mary Deal Treasurer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-05

Date

407.
933-5277

Daytime Phone #