

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 10, 2008 8:00 am**  
**Secretary of State**

07-10-2008 90015 016 \*\*\*\*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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07072008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
59-2810995

Applied For  
Not Applicable

Zip

Country

Zip

Country

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 re-registering)

DATE

Filing Fee is \$61.25  
Due by September 12, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE VP ☐ Delete  
NAME TATMAN, JUNE  
STREET ADDRESS 708 BEAR WAY  
CITY-ST-ZIP POINCIANA, FL 34759

TITLE ☒ Change ☐ Addition  
NAME V.P. HAZEL WALKER  
STREET ADDRESS 508 BRANCH CIRCLE  
CITY-ST-ZIP POINCIANA, FL 34758

TITLE S ☐ Delete  
NAME WILLIAMSON, RUTH  
STREET ADDRESS 912 SAN RAFAEL  
CITY-ST-ZIP POINCIANA, FL 34758

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

TITLE T ☐ Delete  
NAME DEAL, MARY  
STREET ADDRESS 13 FLAG DRIVE  
CITY-ST-ZIP POINCIANA, FL 34759

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

TITLE AT ☐ Delete  
NAME SACCARO, PAT FURREY  
STREET ADDRESS 435 HUNTER CR.  
CITY-ST-ZIP POINCIANA, FL 34758

TITLE ☒ Change ☐ Addition  
NAME A.T. JUNE TATMAN  
STREET ADDRESS 708 BEAR WAY  
CITY-ST-ZIP POINCIANA, FL 34759

TITLE ☐ Delete  
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 exemptions contained in Chapter 119, 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:

Winifred A. Fields

7-8-08

Date

Daytime Phone #

863-427-0619