

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90912 043 \*\*\*\*61.25

**DOCUMENT # 765556**

1. Entity Name  
**POINCIANA CHAPTER #3520 OF AARP, INC.**



Principal Place of Business

**701 CADDY DR.  
POINCIANA FL 34759  
US**

Mailing Address

**504 CARLSBAD ROAD -  
POINCIANA FL 34758  
US 701 CADDY DR.  
POINCIANA, FL 34759**

2. Principal Place of Business

3. Mailing Address

**701 CADDY DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**POINCIANA**

Zip

Country

Zip

Country

**34759**

**US**

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

**FIELD, WINIFRED S  
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 *Winifred A. Fields*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-11-2003**

**FILE NOW: FEE IS \$61.25**

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 ☐ Delete  
NAME **MULLEN, DOROTHEA**  
STREET ADDRESS **504 CARLSBAD DR**  
CITY-ST-ZIP **POINCIANA FL 34758**

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

TITLE ☐ Delete  
NAME **REED, JUNE**  
STREET ADDRESS **794 DEL PRADO**  
CITY-ST-ZIP **KISSIMMEE FL 34758**

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

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

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

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

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

TITLE ☐ Delete  
NAME **S BARBARA HOKAUSON**  
STREET ADDRESS **716 PAKITE DR**  
CITY-ST-ZIP **KISSIMMEE FL 34758**

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

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 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: *Winifred A. Fields*

**4-11-2003**

CR2E037 (10/02)