4-6-95 B-3092-C

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR -6 AM 6:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 765668 (9)

1. Corporation Name

ROLLING GREENS CHAPTER #3523 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
221 E. GLENEAGLES OCALA FL 34472 US	221 E. GLENEAGLES OCALA FL 34472 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/04/1982
3a. Date of Last Report: 05/23/1994
4. FEI Number: 59-2259638 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status $68.75 Supplement Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 1823 Cypress Point Rd	26 1823 Cypress Point Rd
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State: Ocala, FL	28 City & State: Ocala, FL
24 Zip: 34472 25 Country: USA	29 Zip: 34472 30 Country: USA

9. Name and Address of Current Registered Agent

PARTRIDGE, ROBERT
221 E. GLENEAGLES RD.
OCALA FL 34472

10. Name and Address of New Registered Agent

81 Name: KENNETH W. MILLER
82 Street Address (P.O. Box Number is Not Acceptable): 1823 CYPRESS POINT RD
83
84 City: OCALA FL 85 Zip Code: 34472

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Kenneth W. Miller, President
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	MCCUTCHEON, DON	1.2 NAME		
STREET ADDRESS	7197 SUNNINGDALE	1.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34472	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, KEN	2.2 NAME		
STREET ADDRESS	1823 CYPRESS PT.	2.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34472	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	PARTRIDGE, ROBERT	3.2 NAME		
STREET ADDRESS	221 E. GLENEAGLES RD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34472	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	CARR, MARGARET	4.2 NAME		
STREET ADDRESS	1496 B PENSACO	4.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34472	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	BREDBERG, HAL	5.2 NAME	JOHN RUYSBADEK	
STREET ADDRESS	6413 C LAKEWOOD	5.3 STREET ADDRESS	6512 'D' LAKEWOOD DR	
CITY-ST-ZIP	OCALA FL 34472	5.4 CITY-ST-ZIP	OCALA, FL 34472	
TITLE	D	6.1 TITLE		☒ Change ☐ Addition
NAME	PARTRIDGE, LOUISE	6.2 NAME		
STREET ADDRESS	221 E. GLENEAGLES RD.	6.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34472	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: KENNETH W. MILLER Kenneth W. Miller 4/3/95 904/624-1168
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Telephone Number

0004201