

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 04 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **766912** (0)

1. Corporation Name

ASSOCIATION OF RETIRED ATTORNEYS, INC.



| | |
|---|--|
| Principal Place of Business | Mailing Address |
| 14 DAVID H. HENNETTA ROOM 208, SARASOTA COUNTY COURTHOUSE SARASOTA FL 34232-6247 | SARASOTA COUNTY ROOM 305 COURTHOUSE 2000 MAIN STREET SARASOTA FL 34237 US |

| | |
|-----------------------------------|--------------------------|
| 3. Date Incorporated or Qualified | 02/09/1983 |
| 4. FEI Number | 59-2352524 |
| Applied For | <input type="checkbox"/> |
| Not Applicable | <input type="checkbox"/> |

| | |
|--|--|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 | 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 |

| | | |
|---|--|---------------------------------------|
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|--|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| KELLY, R D 6948 EASTON WAY SARASOTA FL 34238 | 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | | |
|----------------------------|---|---|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCANLON, MICHAEL T. | 1.2 NAME | MITCHELL, JUDGE SIDNEY |
| STREET ADDRESS | 5652 AVENIDA NAVARA #109 | 1.3 STREET ADDRESS | 5513 83rd TER E |
| CITY-ST-ZIP | SARASOTA FL | 1.4 CITY-ST-ZIP | SARASOTA FL 34243 |
| TITLE | TD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KELLY, DONALD | 2.2 NAME | |
| STREET ADDRESS | 6948 EASTON WAY | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL | 2.4 CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MEYERS, FRED S | 3.2 NAME | |
| STREET ADDRESS | 2675 GULF OF MEXICO DRIVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | LONGBOAT KEY FL | 3.4 CITY-ST-ZIP | |
| TITLE | VP <input type="checkbox"/> DELETE | 4.1 TITLE | VP D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MORAN, MARJORIE | 4.2 NAME | STEIR, Judge Carl |
| STREET ADDRESS | 311 PINE RUN DR. | 4.3 STREET ADDRESS | 3060 GRAND BAY BLVD #175B |
| CITY-ST-ZIP | OSPREY FL | 4.4 CITY-ST-ZIP | LONGBOAT KEY FL 34228 |
| TITLE | DS <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GALLAGHER, OWEN P | 5.2 NAME | |
| STREET ADDRESS | 1216 SOUTHVIEW DR | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MAZEAU, MARGOT | 6.2 NAME | JAMES, EMMALIA |
| STREET ADDRESS | 2301 GULF OF MEXICO DRIVE | 6.3 STREET ADDRESS | 5627 Ashton LAKE DR |
| CITY-ST-ZIP | LONGBOAT KEY FL | 6.4 CITY-ST-ZIP | SARASOTA FL 34231 |

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.

SIGNATURE: *R. Daniel Kelly* **REQUIRED** *Feb 27 '98* *966-3138*

CR2E037 (10/97)