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Jun 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 767145

1. Corporation Name
Poinsettia Park Chapter 3561 of American Association of Retired Persons INC.

Principal Place of Business	Mailing Address
Association of Retired Persons 4701 Ballard Rd. #198 Ft. Myers, FL 33905	Assoc. of Retired Persons 312 LaCasa Ave Ft. Myers, FL. 33905

3. Date Incorporated or Qualified: 02/23/1983
3a. Date of Last Report: 04/30/1996

2. Principal Place of Business
21 Poinsettia Park
22 Suite, Apt. #, etc. 4701 Ballard Rd.
23 City & State: Ft. Myers, FL.
24 Zip: 33905 25 Country: Lee

2a. Mailing Address
26 312 La Casa Ave
27 Suite, Apt. #, etc.
28 City & State: Ft. Myers FL.
29 Zip: 33905 30 Country: Lee

4. FEI Number: 96-380-1384 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Patricia Wallace
178 La Plaza Ave
Ft. Myers, FL. 33905

10. Name and Address of New Registered Agent

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: Patricia Wallace — 05/03/97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President/D Patricia Wallace 178 La Plaza Ave Ft. Myers, FL. 33905 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President/D Ruth MaGruder 214 N. Poinsettia Dr. Ft. Myers, FL. 33905 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Adele Kovonut 24 S. Poinsettia Dr. Ft. Myers, FL. 33905 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Paul McCreery 118 Granada St. Fort Myers, FL. 33905 ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Treasurer Harry Westfall 312 LaCasa Ave Ft. Myers, FL. 33905 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D.D. Marion Satrie 142 Granada St. Ft. Myers, FL. 33905 ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D.D. William Grelle Hacienda Ft. Myers, FL. 33905 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D.D. Helen Ennison 306 Ft Largo Dr. Ft. Myers, FL. 33905 ☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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14. I do 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: Patricia Wallace — 05-03-97 — 941-693-5967
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Patricia Wallace