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Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **767145** (6)

1. Corporation Name

POINSETTIA PARK CHAPTER #3561 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

Mailing Address

**4701 BALLARD ROAD
FORT MYERS FL 33905
US**

**312 LACASA AVENUE
FT. MYERS FL 33905
US**



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

3. Date Incorporated or Qualified 02/23/1983	
4. FEI Number 96-3801384	Applied For Not Applicable
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 checked="" 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
WALLACE, PATRICIA 178 LA PLAZA AVENUE FT MYERS FL 33905	

10. Name and Address of New Registered Agent	
81 Name	Cecil McNamee
82 Street Address (P.O. Box Number Is Not Acceptable)	127 Granada St.
83	FL
84 City	Ft Myers
85 Zip Code	33905

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 Cecil McNamee 2-3-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	WALLACE, PATRICIA
STREET ADDRESS	178 LA PLAZA AVENUE
CITY-ST-ZIP	FORT MYERS FL
TITLE	VPD
NAME	MACBRUDER, RUTH
STREET ADDRESS	N. POINSETTIA
CITY-ST-ZIP	FORT MYERS FL
TITLE	SD
NAME	KOVAN, ADELE
STREET ADDRESS	S. POINSETTIA
CITY-ST-ZIP	FT. MYERS FL
TITLE	D
NAME	GRELLE, BILL
STREET ADDRESS	142 GRANADA STREET
CITY-ST-ZIP	FT. MYERS FL
TITLE	T
NAME	MCGREERY, PAUL
STREET ADDRESS	118 GRANADA STREET
CITY-ST-ZIP	FT MYERS FL
TITLE	T
NAME	WESTFALL, HARRY
STREET ADDRESS	312 LACASA AVENUE
CITY-ST-ZIP	FT. MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD
1.2 NAME	Cecil McNamee
1.3 STREET ADDRESS	127 Granada St.
1.4 CITY-ST-ZIP	Ft. Myers FL 33905
2.1 TITLE	VPD
2.2 NAME	Arlene Alink
2.3 STREET ADDRESS	245 N. Poinsettia Dr.
2.4 CITY-ST-ZIP	Ft Myers FL 33905
3.1 TITLE	SD
3.2 NAME	Reddy Bham
3.3 STREET ADDRESS	319 Upmings Dr.
3.4 CITY-ST-ZIP	Ft Myers FL 33905
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 Cecil McNamee 2-3-98 941-694- 9766

CR2E037 (10/97)