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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
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

4701 BALLARD ROAD
FORT MYERS FL 33905
US

Mailing Address

312 LACASA AVENUE
FT. MYERS FL 33905
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/23/1983

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

96-3801384

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCNAMARA, CEIL
127 GRANADA ST
FT MYERS FL 33905**

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

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 PD ☐ DELETE
NAME MCNAMARA, CEIL
STREET ADDRESS 127 GRANADA ST
CITY-ST-ZIP FORT MYERS FL 33905

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VPD ☐ DELETE
NAME CLINK, ARLENE
STREET ADDRESS 245 N POINSELLIA DR
CITY-ST-ZIP FORT MYERS FL 33905

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME BAAM, TEEDY
STREET ADDRESS 319 DOMINGO DR
CITY-ST-ZIP FT. MYERS FL 33905

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME GRELLE, BILL
STREET ADDRESS 142 GRANADA STREET
CITY-ST-ZIP FT. MYERS FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME WESTFALL, HARRY
STREET ADDRESS 312 LACASA AVENUE
CITY-ST-ZIP FT. MYERS FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE:

Ceil McNamara
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-99

941-
694-9766

CR2E037 (1/98)