

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90376 041 ****61.25

DOCUMENT # N00000007954

1. Entity Name

WILLOW POND/VOLUSIA COUNTY CHAPTER #5319 OF AARP

Principal Place of Business

Mailing Address

**875 WILMETTE AVE., APT. 901
 ORMOND BEACH FL 32174-9515**

**875 WILMETTE AVE., APT. 901
 ORMOND BEACH FL 32174-9515**

551009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

EIN 52-2262213

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HILL, LORAIN
 875 WILMETTE AVE., APT. 901
 ORMOND BEACH FL 32174-9515**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
 NAME **O'CONNOR, MARY**
 STREET ADDRESS **875 WILMETTE AVE., APT. 506**
 CITY-ST-ZIP **ORMOND BEACH FL 32174-9515**

TITLE **D** ☒ Change ☐ Addition
 NAME **RICHARD BOTOS**
 STREET ADDRESS **450 LAKEBRIDGE DR. #**
 CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **D P** ☐ Delete
 NAME **HILL, LORAIN**
 STREET ADDRESS **875 WILMETTE AVE., APT. 901**
 CITY-ST-ZIP **ORMOND BEACH FL 32174-9515**

TITLE **D** ☒ Change ☐ Addition
 NAME **BERNARD SAFFER**
 STREET ADDRESS **875 WILMETTE AVENUE # 512**
 CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **D S** ☐ Delete
 NAME **LAWRENCE, RACHAEL**
 STREET ADDRESS **640 N. NOVA RD., APT. 516**
 CITY-ST-ZIP **ORMOND BEACH FL 32174-4419**

TITLE **D** ☒ Change ☐ Addition
 NAME **LEO MAC CARTHY**
 STREET ADDRESS **450 LAKEBRIDGE DR # 314**
 CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **D T** ☐ Delete
 NAME **STINNETT, KATHY**
 STREET ADDRESS **875 WILMETTE AVE., APT. 912**
 CITY-ST-ZIP **ORMOND BEACH FL 32174-9515**

TITLE **D** ☐ Change ☒ Addition
 NAME **DONALD SPILLER**
 STREET ADDRESS **875 WILMETTE AVENUE**
 CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **D** ☒ Delete
 NAME **MAGUFFIN, GEORGE**
 STREET ADDRESS **875 WILMETTE AVE., APT. 713**
 CITY-ST-ZIP **ORMOND BEACH FL 32174-9515**

TITLE **VP** ☒ Change ☐ Addition
 NAME **PAT MAC CARTHY**
 STREET ADDRESS **450 LAKEBRIDGE # 314**
 CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **D** ☒ Delete
 NAME **DUDY, PAULINE**
 STREET ADDRESS **640 N. NOVA RD., APT. 214**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kathleen M. Stennett
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)