NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2006 8:00 am
Secretary of State
03-08-2006 90176 012 ****61.25

DOCUMENT # N00000007954

1. Entity Name
Willow Pond/Volusia County Chapter #5319 of AARP, Inc.

DO NOT WRITE IN THIS SPACE

66008228

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
875 Wilmette Ave, Club House		875 Wilmette Ave,	
Suite, Apt. #, etc.: Apt. #705		Suite, Apt. #, etc.: Apt. #705	
City & State: Ormond Beach, Fl.		City & State: Ormond Beach, Fl.	
Zip: 32174-9518	Country: Volusia	Zip: 32174-9518	Country: Volusia

4. FEI Number: 52-2262213 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Spiegel & Utrera, P.A.

Street Address (P.O. Box Number is Not Acceptable): 1840 Coral Way, 4th Floor

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: President		TITLE:	
NAME: Mary Jain		NAME:	
STREET ADDRESS: 875 Wilmette Ave, #705		STREET ADDRESS:	
CITY-ST-ZIP: Ormond Beach FL 32174-9518		CITY-ST-ZIP:	
TITLE: V		TITLE:	
NAME: William Ferguson		NAME:	
STREET ADDRESS: 1508 Virginia Ave, 111 A		STREET ADDRESS:	
CITY-ST-ZIP: Daytona Beach, Fl 32114		CITY-ST-ZIP:	
TITLE: S		TITLE:	
NAME: Irene Euchler		NAME:	
STREET ADDRESS: 1335 Fleming Ave, #273		STREET ADDRESS:	
CITY-ST-ZIP: Ormond Beach, Fl 32174		CITY-ST-ZIP:	
TITLE: T		TITLE:	
NAME: Donna Ferguson		NAME:	
STREET ADDRESS: 1508 Virginia Ave, 111 A		STREET ADDRESS:	
CITY-ST-ZIP: Daytona Beach, Fl 32114		CITY-ST-ZIP:	
TITLE: C		TITLE:	
NAME: Bob Glass		NAME:	
STREET ADDRESS: 575 Wilmette Ave, #701		STREET ADDRESS:	
CITY-ST-ZIP: Ormond Beach, Fl 32174		CITY-ST-ZIP:	
TITLE:		TITLE:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	

Per your instructions.

Mary J. Jain
Pres. AARP 5319
Ph: 386-615-8457

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Donna Ferguson 3/3/06 386 253 6346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DONNA Ferguson