


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90060 040 ****61.25

DOCUMENT # N00000007954	
1. Entity Name	
WILLOW POND/VOLUSIA COUNTY CHAPTER #5319 OF AARP, INC.	

Principal Place of Business	Mailing Address
875 WILMETTE AVE, CLUBHOUSE APT. #705 ORMOND BEACH FL 32174-9518	875 WILMETTE AVE APT. #705 ORMOND BEACH FL 32174-9518

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
		47 COQUINA RIDGE WAY ATTN: DON WASSON ORMOND BEACH, FL 32174 USA	



1st MOORE CR2E037 (10/06)

4. FEI Number		Applied For	
52-2262213		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SPIEGEL & UTRERERA, P.A. 1840 CORAL WAY, 4TH FLOOR DAYTONA BEACH FL 32114		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-stating) _____ **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAIN, MARY J	NAME	WILLIAM FERGUSON
STREET ADDRESS	875 WILMETTE AVE #705	STREET ADDRESS	1508 VIRGINIA AVE. #111a
CITY-STATE-ZIP	ORMOND BEACH FL 32174-9518	CITY-STATE-ZIP	DAYTONA BEACH, FL 32114
TITLE	V <input type="checkbox"/> Delete	TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, WILLIAM	NAME	GREGORY LESCH
STREET ADDRESS	1508 VIRGINIA AVE, 111A	STREET ADDRESS	308 GATEWOOD CT.
CITY-STATE-ZIP	DAYTONA BEACH FL 32114	CITY-STATE-ZIP	ORMOND BEACH, FL 32174
TITLE	S <input type="checkbox"/> Delete	TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EUCHLER, IRENE	NAME	PAT LESCH
STREET ADDRESS	1335 FLEMING AVE #273	STREET ADDRESS	308 GATEWOOD CT.
CITY-STATE-ZIP	ORMOND BEACH FL 32174	CITY-STATE-ZIP	ORMOND BEACH, FL 32174
TITLE	T <input type="checkbox"/> Delete	TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, DONNA	NAME	DON WASSON
STREET ADDRESS	1508 VIRGINIA AVE, 111A	STREET ADDRESS	47 COQUINA RIDGEWAY
CITY-STATE-ZIP	DAYTONA BEACH FL 32114	CITY-STATE-ZIP	ORMOND BEACH, FL 32174
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASS, BOB	NAME	
STREET ADDRESS	875 WILMETTE AVE #701	STREET ADDRESS	
CITY-STATE-ZIP	ORMOND BEACH FL 32174	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Don Wasson* *April 26, 2007 586-673-9696*