

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007954

FILED
Apr 08, 2009
Secretary of State

Entity Name: WILLOW POND/VOLUSIA COUNTY CHAPTER #5319 OF AARP, INC.

Current Principal Place of Business:

875 WILMETTE AVE, CLUBHOUSE
APT. #705
ORMOND BEACH, FL 321749518

New Principal Place of Business:

Current Mailing Address:

47 COQUINA RIDGE WAY
ATTN: DON WASSON
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 52-2262213

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERERA, P.A.
1840 CORAL WAY, 4TH FLOOR
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: POTEET, SHIRLEY
Address: 1325 FLEMING AVE LOT 231
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VPRE () Delete
Name: MIOZZA, JULIET
Address: 42 MEADOW BROOK LANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: SECT () Delete
Name: LESCH, PAT
Address: 308 GATEWOOD CT
City-St-Zip: ORMOND BEACH, FL 32174

Title: TREA () Delete
Name: WASSON, DONALD
Address: 47 COQUINA RIDGEWAY
City-St-Zip: ORMOND BEACH, FL 32174

Title: C () Delete
Name: GLASS, BOB
Address: 875 WILMETTE AVE #701
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: HEROLD, GERRY
Address: 1300 SUNNINGDALE LANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: VPRE (X) Change () Addition
Name: HEROLD, PATRICIA
Address: 1300 SINNINGDALE LANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: SECT (X) Change () Addition
Name: LESCH, PATRICIA
Address: 308 GATEWOOD CT
City-St-Zip: ORMOND BEACH, FL 32174

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change () Addition
Name: JAIN, MARY
Address: 875 WILMETTE AVE #706
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD M. WASSON

TREA

04/08/2009

Electronic Signature of Signing Officer or Director

Date