

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003394

FILED
Apr 02, 2007
Secretary of State

Entity Name: HOLLY HILL CHAPTER #5355 OF AARP, INC.

Current Principal Place of Business:

BISHOPS' GLENN
900 LPGA BLVD>
HOLLY HILL, FL 32117

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 250544
HOLLY HILL, FL 321250544 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HULSMANN, CAMILLE
1000 WALKER ST.
#238
HOLLY HILL, FL 32117 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: PD () Delete
Name: HULSMAN, CAMILLE
Address: 1000 WALKER ST. #238
City-St-Zip: HOLLY HILL, FL 32117 US

Title: V () Delete
Name: SCHMIDT, LOUIS
Address: 1000 WALKER ST #328
City-St-Zip: HOLLY HILL, FL 32117 US

Title: S () Delete
Name: DI GIULIO, MARIE
Address: 1000 WALKER ST. #339
City-St-Zip: HOLLY HILL, FL 32117 US

Title: T () Delete
Name: SHEA, LOIS S
Address: 1000 WALKER ST #363
City-St-Zip: HOLLY HILL, FL 32117

Title: D () Delete
Name: STEVENS, MARY JANE
Address: 1000 WALKER ST, #302
City-St-Zip: DAYTONA BEACH, FL 32117

Title: D () Delete
Name: BIGGERS, ROSE
Address: 1502 TUSCALOOSA AVE.
City-St-Zip: HOLLY HILL, FL 32117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: WEIMER, JEAN
Address: 1000 WALKER ST #250
City-St-Zip: HOLLY HILL, FL 32117 US

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

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

Title: D (X) Change () Addition
Name: DEFELICE, LUCY
Address: 1000 WALKER ST #88
City-St-Zip: HOLLY HILL, FL 32117

I hereby certify that the information supplied with this filing does not qualify for the 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: LOIS S. SHEA

T

04/02/2007

Electronic Signature of Signing Officer or Director

Date