

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90039 007 \*\*\*\*61.25

**DOCUMENT # N03698**

1. Entity Name

WEST ORANGE CHAPTER #3697 OF AARP, INC.



Principal Place of Business

HYDE PARK MOBILE PARK  
14253 W. COLONIAL DRIVE  
WINTER GARDEN FL 34787  
US

Mailing Address

867 ROYAL VIEW CIRCLE  
WINTER GARDEN FL  
US

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

33-0042706

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

ARMBRUSTER, SARA  
867 ROYAL VIEW CIRCLE  
WINTER GARDEN FL 34787

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

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**  
**Due By May 1, 2004**

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          | PD                     | <input checked="" type="checkbox"/> Delete |
| NAME           | TURNER, BETTY          |  |
| STREET ADDRESS | 940 ROYAL VIEW CIRCLE  |  |
| CITY-ST-ZIP    | WINTER GARDEN FL 34787 |  |
| TITLE          | VD                     | <input checked="" type="checkbox"/> Delete |
| NAME           | BLACK, MARY            |  |
| STREET ADDRESS | 400 FULLERS GRASS ROAD |  |
| CITY-ST-ZIP    | WINTER GARDEN FL 34787 |  |
| TITLE          | SD                     | <input type="checkbox"/> Delete            |
| NAME           | MERCHANT, DORIS        |  |
| STREET ADDRESS | 790 LONDON BRIDGE ROAD |  |
| CITY-ST-ZIP    | WINTER GARDEN FL 34787 |  |
| TITLE          | TD                     | <input type="checkbox"/> Delete            |
| NAME           | ARMBRUSTER, SARA       |  |
| STREET ADDRESS | 867 ROYAL VIEW CIRCLE  |  |
| CITY-ST-ZIP    | WINTER GARDEN FL 34787 |  |
| TITLE          |                        | <input type="checkbox"/> Delete            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> Delete            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | PD                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | BLACK, MARY             |  |
| STREET ADDRESS | 400 FULLERS GRASS ROAD  |  |
| CITY-ST-ZIP    | WINTER GARDEN FL 34787  |  |
| TITLE          | VD                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | BRASWELL, ESTHER        |  |
| STREET ADDRESS | 990 HYDE PARK CIRCLE    |  |
| CITY-ST-ZIP    | WINTER GARDEN, FL 34787 |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> 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:** *Sarah P. Armbruster* **SARAH P. ARMBRUSTER** **FEB 11-2004** **407-905-5796**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #