

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90039 039 ****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

Sarah P. Armbruster

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, 2006**

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	BLACK, MART	
STREET ADDRESS	400 FULLERS CROSS ROAD	
CITY-ST-ZIP	WINTER GARDEN FL 34787	

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BRASWELL, ESTHER	
STREET ADDRESS	980 HYDE PARK CIRCLE	
CITY-ST-ZIP	WINTER GARDEN FL 34787	

TITLE	SD	<input type="checkbox"/> Delete
NAME	WASHINGTON, MILDRED H	
STREET ADDRESS	908 EAST BAY STREET	
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	BRASWELL, ESTHER.	
STREET ADDRESS	980 HYDE PARK CIRCLE.	
CITY-ST-ZIP	WINTER GARDEN FL 34787	

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GWENDOLYN GROSS.	
STREET ADDRESS	517 GARDEN HTS DR.	
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		

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 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:

Sarah P. Armbruster **SARAH P. ARMBRUSTER**

407/925-5796