

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90070 042 \*\*\*\*61.25

DOCUMENT # N03698

1. Entity Name

WEST ORANGE CHAPTER #3697 OF AARP, INC.



Principal Place of Business

~~HYDE PARK MBL PK~~  
~~675 WEST STATE ROAD 50~~  
~~WINTER GARDEN FL 34787~~  
~~US~~

Mailing Address

~~615 ORANGE AVENUE~~  
~~OCOE FL 34781-2346~~  
~~US~~

2. Principal Place of Business

Hyde Park Mobile Park  
Suite, Apt. #, etc.  
14253 W. Colonial Dr.

3. Mailing Address

867 Royal View Circle  
Suite, Apt. #, etc.

City & State

Winter Garden FL

City & State

Winter Garden

Zip

34787

Country

USA

Zip

FL

Country

USA

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

~~C CORPORATION SYSTEM~~  
~~1200 SOUTH PINE ISLAND RD.~~  
~~PLANTATION FL 33324~~

7. Name and Address of New Registered Agent

Name Sarah Armbruster  
Street Address (P.O. Box Number is Not Acceptable)  
867 Royal View Circle  
City Winter Garden FL Zip Code 34787

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 Armbruster

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-1-03

DATE

FILE NOW: FEE IS \$61.25

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 type="checkbox"/> Delete
NAME	TURNER, BETTY	
STREET ADDRESS	940 ROYAL VIEW CIRCLE	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SHANER, MELVIN	
STREET ADDRESS	615 ORANGE AVE	
CITY-ST-ZIP	OCOE FL 34761	
TITLE	SD	<input type="checkbox"/> Delete
NAME	POLIDORE, KATHLEEN	
STREET ADDRESS	PO BOX 770656	
CITY-ST-ZIP	WINTER GARDENS FL 34777	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SHANER, MARY JANE	
STREET ADDRESS	815 ORANGE AVE	
CITY-ST-ZIP	OCOE FL	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	940 ROYAL VIEW CIRCLE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Black	
STREET ADDRESS	400 Fullers Cross Rd.	
CITY-ST-ZIP	Winter Garden FL 34787	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Doris Merchant	
STREET ADDRESS	790 London Bridge Rd.	
CITY-ST-ZIP	Winter Garden FL 34787	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sarah Armbruster	
STREET ADDRESS	867 Royal View 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		

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: Betty Turner

2-1-03

407-654-8315

CR2E037 (10/02)