FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
'95 APR 18 PM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03703 (8)

1. Corporation Name
HOBE SOUND CHAPTER #3700 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
CIVIC CENTER HOBE SOUND FL 33455	~~NWS EDDIE KWEK~~ ~~6965 SE HARBOR ISLE WAY~~ ~~HOBE SOUND FL 33455~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/15/1984
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2291513 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
21	26 Simonne J. Remillard	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 6531 SE Federal Hwy E 201	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
City & State 23	City & State 28 Stuart, FL	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 34997 / Country 30 Martin	8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~KWEK, IRIS~~ ~~6965 SE HARBOR ISLAND WAY~~ ~~HOBE SOUND FL 33455~~	81 Name: Simonne J. Remillard 82 Street Address (P.O. Box Number is Not Acceptable): 6531 SE Federal Hwy. Suite E 201 83 84 City: Stuart FL 85 Zip Code: 34997

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Simonne J Remillard — April-4-1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☒ Addition
NAME	~~KWEK, IRIS ELAINE~~	1.2 NAME	Remillard, Simonne J.	
STREET ADDRESS	~~6965 SE HARBOR ISLE WAY~~	1.3 STREET ADDRESS	6531 SE Federal Hwy	
CITY-ST-ZIP	~~HOBE SOUND FL 33455~~	1.4 CITY-ST-ZIP	Stuart, FL 34997	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	~~BROWNING, BARBARA~~	2.2 NAME	Walter Green	
STREET ADDRESS	~~7683 SE SUGAR SANDS CIR.~~	2.3 STREET ADDRESS	7487 SE Pelican Way	
CITY-ST-ZIP	~~HOBE SOUND FL 33455~~	2.4 CITY-ST-ZIP	Hobe Sound, FL 33455	
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	HANSON, MARVIN	3.2 NAME		
STREET ADDRESS	7738 SE SUGAR SANDS CIR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL 33455	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE	SD	☒ Change ☒ Addition
NAME	~~KWEK, IRIS ELAINE~~	4.2 NAME	Charlotte Nasse	
STREET ADDRESS	~~6965 SE HARBOR ISLE WAY~~	4.3 STREET ADDRESS	7245 SE Red Bird Circle	
CITY-ST-ZIP	~~HOBE SOUND FL 33455~~	4.4 CITY-ST-ZIP	~~Hobe Sound, FL 33455~~	
TITLE	D	5.1 TITLE	D	☒ Change ☒ Addition
NAME	~~GREEN, WALTER~~	5.2 NAME	Katharine Layman	
STREET ADDRESS	~~7487 S.E. PELICAN WAY~~	5.3 STREET ADDRESS	8287 SE Pine Circle	
CITY-ST-ZIP	~~HOBE SOUND FL~~	5.4 CITY-ST-ZIP	Hobe Sound, FL 33455	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	WOODWARD, MARY	6.2 NAME		
STREET ADDRESS	7932 SE HELEN TERRACE	6.3 STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Simonne J Remillard Simonne J. Remillard 407-286-6178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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