FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # N03703

1. Corporation Name
AMERICAN ASSOCIATION OF RETIRED PERSONS
Chapter #3700
HOBE SOUND NO. 3700

500001886885
-07/09/96--01012--040
***61.25

Principal Place of Business | Mailing Address

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Hobe Sound Civic Cente	26 7487 S.E. PELICAN WAY	APRIL 1983	1995
Suite, Apt. #, etc 22 8980 S.E. Olympus St.	Suite, Apt. #, etc 27	4. FEI Number 592291513	☐ Applied For ☒ Not Applicable
City & State 23 Hobe Sound, Florida	City & State 28 HOBE SOUND FLORIDA	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip / Country 24 33455 / 25 Martin	Zip / Country 29 33455 / 30 U.S.A.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

WALTER GREEN
7487 S.E. PELICAN WAY
HOBE SOUND, FL 33455

10. Name and Address of New Registered Agent

81 Name: WALTER GREEN
82 Street Address (P.O. Box Number is Not Acceptable): 7487 S.E. PELICAN WAY
83
84 City: HOBE SOUND FL **FL** 85 Zip Code: 33455

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: WALTER GREEN — Walter Green — 4/9/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	President ☐ DELETE
NAME	Simonne Remillard OFFICER ~~Director~~
STREET ADDRESS	6531 S.E. Federal Hwy. E201
CITY-ST-ZIP	Stuart, FL 34997
TITLE	Vice President ☐ DELETE
NAME	Walter Green OFFICER ~~Director~~
STREET ADDRESS	7487 S.E. Pelican Way
CITY-ST-ZIP	Hobe Sound, FL 33455
TITLE	Secretary ☐ DELETE
NAME	Charlotte Nasse OFFICER ~~Director~~
STREET ADDRESS	7245 S.E. Red Bird Circle
CITY-ST-ZIP	Hobe Sound, FL 33455
TITLE	Treasurer - Marvin Hanson ☐ DELETE
NAME	7736 S.E. Sugar Sand OFFICER
STREET ADDRESS	Hobe Sound, FL 33455
CITY-ST-ZIP	
TITLE	Chaplin ☐ DELETE
NAME	Vee Chambers - DIRECTOR
STREET ADDRESS	P.O. Box 382 / 19755 E. PLUTUS AVE
CITY-ST-ZIP	Hobe Sound, FL 33455
TITLE	Grant Committee ☐ DELETE
NAME	Ed Hyer - DIRECTOR
STREET ADDRESS	3121 S.E. Aster Lane Apt 705
CITY-ST-ZIP	Stuart, FL 34994

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Community Service ☐ Change ☐ Addition
12 NAME	Kay Harrison
13 STREET ADDRESS	8425 S.E. Wren Ave.
14 CITY-ST-ZIP	Hobe Sound, FL 33455
21 TITLE	Kitchen ☐ Change ☐ Addition
22 NAME	Nancy Lazzaro
23 STREET ADDRESS	8273 S.E. Sandy Lane
24 CITY-ST-ZIP	Hobe Sound, FL 33455
31 TITLE	Nomination ☐ Change ☐ Addition
32 NAME	Ann Giunta
33 STREET ADDRESS	7460 Eagle Ave., Hobe Sound, 33455
34 CITY-ST-ZIP	
41 TITLE	Telephone ☐ Change ☐ Addition
42 NAME	Ruby Sulkowski
43 STREET ADDRESS	13043 S.E. Hobe Hills Dr.
44 CITY-ST-ZIP	Hobe Sound, FL 33455
51 TITLE	Audit ☐ Change ☐ Addition
52 NAME	Anthony Cerchiara
53 STREET ADDRESS	9210 Yacht Club Circle
54 CITY-ST-ZIP	Hobe Sound, FL 33455
61 TITLE	AARP Newsletter ☐ Change ☐ Addition
62 NAME	Kay Layman
63 STREET ADDRESS	8287 S.E. Pine Circle
64 CITY-ST-ZIP	Hobe Sound, FL 33455

CR2E037 (12/95)

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: Margaret B. Bailey DIRECTOR — MARGARET B. BAILEY — 4/9/96 — 407-546-7095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7255 S.E. RED BIRD CIRCLE — DIRECTOR — 7/8/96