2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Mar 16, 2007 8:00 am **Secretary of State** DOCUMENT # N03703 03-16-2007 90026 047 ****61.25 HOBE SOUND CHAPTER #3700 OF AARP, INC. Principal Place of Business Mailing Address Z0007178 8914 SE BOBO COURT 8914 SE BOBO COURT HOBE SOUND, FL 33455 US HOBE SOUND, FL 33455 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03012007 CR2E037 (12/06) 4. FEI Number 33-0042704 City & State City & State Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANDERSON, JOHN E 8914 SE BOBO COURT Street Address (P.O. Box Number is Not Acceptable) HOBE SOUND, FL 33455 City 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change Addition ANDERSON, JOHN E NAME NAME 8914 SE BOBO COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOBE SOUND, FL 33455 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition PECK, RONALD A NAME NAME STREET ADDRESS 6893 SE BUNKERHILL DRIVE STREET ADDRESS HOBE SOUND, FL 33455 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition PECK, JOSEPH NAME NAME 7081 SE SWEETWOOD TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-7IP STUART, FL 34997 CiTY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition Betty ANDERSON U.P. NAME NAME 8914 SE BOBO COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOBE SOUND 33455 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME REMILLARD SIMONNE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE:	Ronald	a Peck	
	SIGNATURE AND TYPED OR PI	RINTED NAME OF SIGNING O	FFICER OR DIRECTOR

65315E FRO HAMY - HUBE SOUND F

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

flate

Daytime Phone #

☐ Change

☐ Addition

FILED