NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #Corporation Name

City 23 Zip

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N12334

(1)

LAKES CHAPTER #3837 OF AMERICAN ASSOCIATION OF R ETIRED PERSONS, INC.

Principal Place of Business Mailing Address HIALEAH SALVATION ARMY HO 7450 RED ROAD LAKES CH. AARP P.O. BOX 4164 HIALEAH FL 33014 HIALEAH FL 33014

2.	Principal Place of Business	20.	Mailing Address	-
21	Miami Lakes Community	26		6.
	Suite, Apt. #, etc.		Suite, Apt. #, etc.	6.
22	Center	27		
	*City & State		City & State	7.
23	15151 Montrose Road	28		

FILED Apr 29 1998 8:00am Secretary of State



Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualified

Certificate of Status Desired

<u>11/27/1985</u>

59-2457494

4. FEI Number

Suite, Apt. #, etc. Center	27 Su	Suite, Apt. #, etc.			6. Election Campaign Financing \$5,00 May Be Trust Fund Contribution Added to Fees				
City & State City & State 15151 Montrose Road 28					7. Is this nonprofit corporation a homeowners association?				
ZipMiami LakesCountry FL. '33011 25 Dade	Z(f	ιρ Coun 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
9. Name and Address of Current	Registere	d Agent	$\neg \top$	10. Name and Address of New Registered Agent					
7200 FAIRWAY DRIVE #24 MIAMI LAKES FL 33014				81 Name Eldon Barnes 82 Street Address (P.O. Box Number is Not Acceptable) 14 14 0 Cypress Court 83 Miami Lakes, FL 33014 84 City Miami Lakes FL 33014					
Pursuant to the provisions of Sections 617.0502 office or registered agent, or both, in the State	and 617.1	1508, Florida Statutes, th Such change was author	e above	-named corpo	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered				
agent. I am familiar with, and accept the obliga	tions of Se	ection 617.0503. Florida	Statutes	l.					

11. Puri officiace

	The state of the s	011.0000; 11011	d Dialotto.	_		_	
SIGNATURE _	Eldon Barnes Stonature, typed or printed name of registered event and title if applicable	(NOTE: F	legistered Agent Manature	required when reinstating)	- February	1,19	98
12.	OFFICERS AND DIRECTORS		13.		CHANGES TO OFFICERS A	AND DIRECTORS	S IN 12
TITLE	P	DELETE	1.1 TITLE	DCorrespo r	nding Sec'y	Change Change	☐ Addition
NAME	BEECH, J. A		1.2 NAME	Alas Ba	ده ل ـ "		
STREET ADDRESS	7200 FAIRWAY DRIVE #24		1.3 STREET ADDRESS	7200 Fa	ir way Driv	16 # 54	-
CITY-ST-ZIP	MIAMI LAKES FL		1.4 CITY-ST-ZIP	Miami Lo	Kes # L 3	3014	
TITLE	T	DELETE	2.1 TITLE	Treasur		Change	Addition
NAME	JACKSON, LEIGH		2.2 NAME	Leigh	Jackson		
STREET ADDRESS	7418 BIG CYPRESS DR.	:	2.3 STREET ADDRESS	7418 6	big fy pres	E Driv	Q
CITY-ST-ZIP	MIAMI LAKES FL		2 4 CITY-ST-7IP	Miami	La Hes F	C 330	(4
TITLE	-	DELETE	3.1 TITLE	D Recordin	APMSS COLL	Change _	Addition
NAME	BARNES, JOAN		3.2 NAME	14/1100	. ALSCE COUL	the our	W67
STREET ADDRESS	14140 CYPRESS CT		3.3 STREET ADDRESS	TI TO	4 places		
CITY-ST-ZIP	MIAMI LAKES FL		3.4. CITY-ST-ZIP	mou	in Lakes #		
TITLE	•	DELETE	4.1 TITLE	D VP		Change	Addition
NAME	GRECO, DOROTHY		4.2 NAME	Lucille I	łudak		
STREET ADDRESS	15499 N MIAMI LAKEWAY #208		4.3 STREET ADDRESS	14000 Ala	amanda Ave.		
CITY-ST-ZIP	MIAMI LAKES FL		4.4 CITY-ST-ZIP		ces. FL 3301	h	
TITLE	_	DELETE	5.1 TITLE	P Cldon	Barres	Change	☐ Addition
NAME	Barnes, Eldon		5.2 NAME	I . –		~ .	
STREET ADDRESS	14140 CYPRESS CT		5.3 STREET ADDRESS	14140	2 1 1		
CITY-ST-ZIP	MIAMI LAKES FL		5.4 CITY-ST-ZIP	Iman	n'Lakes		
TITLE		DELETE	6.1 TITLE	D		Change	Addition
NAME	LEEDS, CARMEN		6.2 NAME	Virginia	Cox		=
STREET ADDRESS	7012 CROWN GATE DR		6.3 STREET ADDRESS		E1 D1000	_	,
	14141			エースナンニテーはひ	/acc 1	7 Te -	

14. 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 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: Eldon Barnes

2/1/98