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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:12

DOCUMENT # N22192 (1)

1. Corporation Name

COCONUT CREEK CHAPTER #4069 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
%IRVING HERSCHBEIN 4133 CARAMBOLA CIRCLE S. COCONUT CREEK FL 33066	%IRVING HERSCHBEIN 4133 CARAMBOLA CIRCLE S. COCONUT CREEK FL 33066

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/25/1987
3a. Date of Last Report: 04/18/1994
4. FEI Number: 33-0177056 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** *Supplemental* Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

RICHTERMAN, ROBERT
2908 CARAMBOLA CIRCLE S
COCONUT CREEK FL 33066

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ 1-13-95
Signature of President or other officer of registered agent (if registered agent is a corporation) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	11 TITLE	☐ Change ☐ Addition
NAME	BERGMAN, MARJORIE	12 NAME	
STREET ADDRESS	4133 CARAMBOLA CIR. S.	13 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	LERMAN, SAM	22 NAME	
STREET ADDRESS	4134 CARAMBOLA CIRCLE S.	23 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	RICHTERMAN, ROBERT	32 NAME	
STREET ADDRESS	2908 CARAMBOLA CIRCLE	33 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	HERSCHBEIN, IRVING	42 NAME	
STREET ADDRESS	4133 CARAMBOLA CIRCLE S	43 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	KUSHLAN, BERNARD	52 NAME	
STREET ADDRESS	4134 CARAMBOLA CIRCLE S	53 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	54 CITY-ST-ZIP	
TITLE	P	61 TITLE	☐ Change ☐ Addition
NAME	KELBER, BERTRICE	62 NAME	
STREET ADDRESS	3802 CORAL TREE CIR.	63 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	64 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)(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: _____ ROBERT RICHTERMAN 1-13-95 305-978-1732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #