

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 # **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**

3. Date Incorporated or Qualified
08/25/1987

3a. Date of Last Report
02/22/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip Country

29 Zip Country

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**

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

**RICHTERMAN, ROBERT
2908 CARAMBOLA CIRCLE S.
COCONUT CREEK FL 33066**

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 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

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 NAME STREET ADDRESS CITY - ST - ZIP

VP **BERGMAN, MARJORIE**
4133 CARAMBOLA CIR. S.
COCONUT CREEK FL

TITLE NAME STREET ADDRESS CITY - ST - ZIP

D **LERMAN, SAM**
4134 CARAMBOLA CIRCLE S.
COCONUT CREEK FL

TITLE NAME STREET ADDRESS CITY - ST - ZIP

TD **RICHTERMAN, ROBERT**
2908 CARAMBOLA CIRCLE
COCONUT CREEK FL

TITLE NAME STREET ADDRESS CITY - ST - ZIP

D **HERSCHBEIN, IRVING**
4133 CARAMBOLA CIRCLE S
COCONUT CREEK FL

TITLE NAME STREET ADDRESS CITY - ST - ZIP

D **KUSHLAN, BERNARD**
4134 CARAMBOLA CIRCLE S
COCONUT CREEK FL

TITLE NAME STREET ADDRESS CITY - ST - ZIP

P **KELBER, BERTRICE**
3882 CORAL TREE CIR.
COCONUT CREEK FL

13.

ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP

VP **DEYMOUR SOKOL**
5434 W. SANDS ROAD
MARICATE FL 33066

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP

TREASURER **HEAMAN KLEIN**
4485 CORDIA CIRCLE
COCONUT CREEK FL 33066

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP

PRESIDENT **ROBERT RICHTERMAN**
2908 CARAMBOLA CIRCLE SOUTH
COCONUT CREEK FL 33066

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)