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Jan 23 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 33066-25543. Date Incorporated or Qualified  
08/25/19873a. Date of Last Report  
01/31/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

33-0177056

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP  
NAME BERGMAN, MARJORIE  
STREET ADDRESS 4133 CARAMBOLA CIR. S.  
CITY-ST-ZIP COCONUT CREEK FL11 TITLE SECRETARY  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIPTITLE VP  
NAME SEYMOUR, SOKOR  
STREET ADDRESS 5404 WEST SAMPLE ROAD  
CITY-ST-ZIP MARCATE FL21 TITLE  
22 NAME SEYMOUR SOKOR  
23 STREET ADDRESS  
24 CITY-ST-ZIPTITLE T  
NAME HERMAN, KEVIN  
STREET ADDRESS 4485 CORDIA CIRCLE  
CITY-ST-ZIP COCONUT CREEK FL31 TITLE  
32 NAME HERMAN KLEIN  
33 STREET ADDRESS  
34 CITY-ST-ZIPTITLE D  
NAME HERSCHBEIN, IRVING  
STREET ADDRESS 4133 CARAMBOLA CIRCLE S  
CITY-ST-ZIP COCONUT CREEK FL41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIPTITLE D  
NAME KUSHLAN, BERNARD  
STREET ADDRESS 4134 CARAMBOLA CIRCLE S  
CITY-ST-ZIP COCONUT CREEK FL51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIPTITLE P  
NAME RICHTERMAN, ROBERT  
STREET ADDRESS 2908 CARAMBOLA CIRCLE SOUTH  
CITY-ST-ZIP COCONUT CREEK FL61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 954-974-2200

CR2E037 (9/96)