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Feb 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

2. Principal Place of Business

2a. Mailing Address

**21 4405 CORDIA CIRCLE**

**26 4485 CORDIA CIRCLE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

**23**

**28 COCONUT CREEK**

Zip

Country

29 Zip

30 Country

**24**

**25**

**29 33066**

**30**

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

**HERMAN KLEIN**

82 Street Address (P.O. Box Number is Not Acceptable)

**4405 CORDIA CIRCLE**

83

84 City

**COCONUT CREEK**

FL

85 Zip Code

**33066**

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 **Herman Klein**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/19/98**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **S** ☐ DELETE

NAME **BERGMAN, MARJORIE**  
STREET ADDRESS **4133 CARAMBOLA CIR. S.**  
CITY-ST-ZIP **COCONUT CREEK FL**

TITLE **VP** ☐ DELETE

NAME **SEYMOUR, SOKOL**  
STREET ADDRESS **5404 WEST SAMPLE ROAD**  
CITY-ST-ZIP **MARGATE FL**

TITLE **T** ☐ DELETE

NAME **HERMAN, KLEIN**  
STREET ADDRESS **4485 CORDIA CIRCLE**  
CITY-ST-ZIP **COCONUT CREEK FL**

TITLE **D** ☐ DELETE

NAME **HERSCHBEIN, IRVING**  
STREET ADDRESS **4133 CARAMBOLA CIRCLE S**  
CITY-ST-ZIP **COCONUT CREEK FL**

TITLE **D** ☒ DELETE

NAME **KUSHLAN, BERNARD**  
STREET ADDRESS **4134 CARAMBOLA CIRCLE S**  
CITY-ST-ZIP **COCONUT CREEK FL**

TITLE **D** ☐ DELETE

NAME **RICHTERMAN, ROBERT**  
STREET ADDRESS **2908 CARAMBOLA CIRCLE SOUTH**  
CITY-ST-ZIP **COCONUT CREEK FL**

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **V.P. JUDITH ZAGLIN**  
1.3 STREET ADDRESS **2908 CARAMBOLA CIRCLE SOUTH**  
1.4 CITY-ST-ZIP **COCONUT CREEK FL 33066**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **PRESIDENT - SEYMOUR SOKOL**  
2.3 STREET ADDRESS **5404 W. SAMPLE ROAD**  
2.4 CITY-ST-ZIP **MARGATE FLA 33073**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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: **Herman Klein**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/19/98**

Date

Daytime Phone #

CFR2037 (10/97)