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03-01-1999 90045 036 ****61.25

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22192

1. Corporation Name

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

Principal Place of Business

**4485 CORDIA CIRCLE
4133 CARAMBOLA CIRCLE S.
COCONUT CREEK FL 33066
US**

Mailing Address

**C/O HERMAN KLEIN
4485 CORDIA CIRCLE
COCONUT CREEK FL 33066
US**



2. Principal Place of Business

21
Suite, Apt. #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26
Suite, Apt. #, etc.

City & State

27

Zip

Country

28

29

30

3. Date Incorporated or Qualified

08/25/1987

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

9. Name and Address of Current Registered Agent

**KLEIN, HERMAN
4485 CORDIA CIRCLE
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 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 **S** ☐ DELETE

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

TITLE **P** ☒ DELETE

NAME **SEYMOUR, SOKOL**
STREET ADDRESS **5404 WEST SAMPLE ROAD**
CITY-ST-ZIP **MARCATO FL 33073**

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 **P** ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VICE PRESIDENT** ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **PRESIDENT** ☐ Change ☒ Addition

2.2 NAME **JUDITH ZAGLIN**
2.3 STREET ADDRESS **2958 CARAMBOLA CIRCLE SOUTH**
2.4 CITY-ST-ZIP **COCONUT CREEK, FL 33066**

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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)