

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 # **N23021** (1)

1. Corporation Name

SUNNY HILLS FLORIDA CHAPTER #4104 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business

Mailing Address

C/O DORIS I. KILEY
557 HANCOCK CT
SUNNY HILLS FL 32428
US

C/O DORIS I. KILEY
557 HANCOCK CT
SUNNY HILLS FL 32428
US

3. Date Incorporated or Qualified
10/14/1987

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 C/O John J. Kiley

26 C/O John J. Kiley

4. FEI Number

33-0204557

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 557 Hancock Court

27 557 Hancock Court

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

City & State

City & State

23 Sunny Hills, FL

28 Sunny Hills, FL

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

24 Zip 32428-3127

25 Country USA

29 Zip 32428-3127

30 Country USA

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

KILEY, DORIS I
557 HANCOCK CT
SUNNY HILLS FL 32428

81 Name

Kiley, John J.

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

557 Hancock Court

83

84 City

Sunny Hills

FL

85 Zip Code

32428-3127

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/7/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME NELSON, DORATHEA
STREET ADDRESS 483 PARAGON PL
CITY-ST-ZIP SUNNY HILLS FL 32423

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME NELSON, DORATHEA
1.3 STREET ADDRESS 483 PARAGON PL
1.4 CITY-ST-ZIP SUNNY HILLS, FL 32428

TITLE VD ☐ DELETE
NAME MERRILL, BEVERLY
STREET ADDRESS GREENHEAD
CITY-ST-ZIP SUNNY HILLS FL 32428

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

TITLE SD ☐ DELETE
NAME ECKERLE, MARGARET
STREET ADDRESS 347 EASTBROOK DRIVE
CITY-ST-ZIP SUNNY HILLS FL 32428

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

TITLE TD ☒ DELETE
NAME KILEY, DORIS I
STREET ADDRESS 557 HANCOCK CT
CITY-ST-ZIP SUNNY HILLS FL 32428

4.1 TITLE TD ☐ Change ☒ Addition
4.2 NAME KILEY, JOHN J.
4.3 STREET ADDRESS 557 HANCOCK CT
4.4 CITY-ST-ZIP SUNNY HILLS, FL 32428-3127

TITLE D ☐ DELETE
NAME CAMILLERI, LUCY
STREET ADDRESS 502 N. FAIRBANKS DRIVE
CITY-ST-ZIP SUNNY HILLS FL 32428

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

TITLE PD ☒ DELETE
NAME GILLECE, CATHERINE
STREET ADDRESS 515 NORTH FAIRBANKS DRIVE
CITY-ST-ZIP SUNNY HILLS FL 32428

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME SCHNEIDER, ALICE
6.3 STREET ADDRESS 921 UNION COURT
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 exempted status under Section 119.07, 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

3/7/96

(904) 773-2374

Date

Daytime Phone #

CR2E037 (12/95)