

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Mar 23, 1999 8:00 am**  
**Secretary of State**

03-23-1999 90019 046 \*\*\*\*61.25

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**DOCUMENT # N23194**

1. Corporation Name

**KENDALE LAKES CHAPTER #4088 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.**

Principal Place of Business

9240 S.W. 124TH ST.  
MIAMI FL 33176

Mailing Address

9240 S.W. 124TH ST.  
MIAMI FL 33176



2. Principal Place of Business

21 **6790 SW 59 ST**

Suite, Apt. #, etc.

22

City & State

23 **MIAMI, FL 33143**

Zip

24

Country

25

2a. Mailing Address

26 **6790 SW 59 ST**

Suite, Apt. #, etc.

27

City & State

28 **MIAMI, FL 33143**

Zip

29

Country

30

3. Date Incorporated or Qualified

**10/27/1987**

4. FEI Number

**94-3049938**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

10. Name and Address of New Registered Agent

81 Name

**GROVES, JEAN**

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

**6790 SW 59 ST**

83

84 City

**MIAMI, FL 33143**

**FL**

85 Zip Code

**33143**

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.

**3-17-99**

SIGNATURE

**JEAN GROVES - PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PO** ☒ DELETE

NAME **BAUER, LAURA**  
STREET ADDRESS **9980 S.W. 14 TERR**  
CITY-ST-ZIP **MIAMI FL 33174**

TITLE **VD** ☐ DELETE ☒

NAME **GROVES, JEAN**  
STREET ADDRESS **6790 S.W. 59 ST**  
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **SD** ☐ DELETE

NAME **GREENWALD, CLAIRE**  
STREET ADDRESS **7500 S.W. 5TH PLACE, #104**  
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **TD** ☐ DELETE

NAME **ATKINS, BEATRICE**  
STREET ADDRESS **13007 S.W. 88 LANE**  
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **PRESIDENT**  
1.3 STREET ADDRESS **JEAN GROVES**  
**6790 SW 59 ST**  
1.4 CITY-ST-ZIP **MIAMI, FL 33143**

2.1 TITLE **VICE-PRESIDENT** ☒ Change ☐ Addition

2.2 NAME **ELSIE YUILLE**  
2.3 STREET ADDRESS **13324 SW 110 Terr.**  
2.4 CITY-ST-ZIP **MIAMI, FL 33186**

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:

**JEAN GROVES PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-17-99**

**305-661-3286**

Date

Daytime Phone #

CR2E037 (11/98)