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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthagen Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N27624** (8)

1. Corporation Name

RETIRED OFFICERS' CORPORATION

Principal Place of Business

Mailing Address

**1010 AMERICAN EAGLE BLVD
BOX 352 4TH FLOOR
SUN CITY CENTER FL 33573
US**

**1010 AMERICAN EAGLE BLVD
BOX 352 4TH FLOOR
SUN CITY CENTER FL 33573
US**

3. Date Incorporated or Qualified

07/27/1988

4. FEI Number

59-2910014

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

2a **1010 American Eagle Blvd**

22 City & State

27 **Box 352 4Th Floor**

23 Zip Country

28 **Sun City Center FL**

24 **33573** **25** **US**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EAST, CHARLES
1010 AMERICAN EAGLE BLVD
239
SUN CITY CENTER FL 33573**

81 Name **Alan L. Zimmerman**

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

83 **1220 Carrie Wood Drive**

84 City **Valrico**

FL **85** Zip Code **33594**

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 **ALAN L. ZIMMERMAN EXEC VP** **3/10/98**
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	PD	<input type="checkbox"/> DELETE
NAME	EAST, CHARLES	
STREET ADDRESS	1010 AMERICAN EAGLE BLVD #227	
CITY-ST-ZIP	SUN CITY CENTER FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Charles M. East, Jr.	
1.3 STREET ADDRESS	1010 American Eagle Blvd. #239	
1.4 CITY-ST-ZIP	Sun City Center, FL 33573	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LLOYD, LUTHER R.	
STREET ADDRESS	15209 LAKE MAURINE DR.	
CITY-ST-ZIP	ODESSA FL	

2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Alan L. Zimmerman	
2.3 STREET ADDRESS	1220 Carrie Wood Drive	
2.4 CITY-ST-ZIP	Valrico, FL 33594	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GARTEN, MELVIN	
STREET ADDRESS	60 MARTINIQUE AVENUE	
CITY-ST-ZIP	TAMPA FL	

3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Roy G. Corbett	
3.3 STREET ADDRESS	2209 Westminster Manor Lane	
3.4 CITY-ST-ZIP	SunCity Center, FL 33573	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, PETER R.	
STREET ADDRESS	172 HARBOR AGE COURT	
CITY-ST-ZIP	CLEARWATER FL	

4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	John S. Garbett	
4.3 STREET ADDRESS	1010 American Eagle Blvd. #350	
4.4 CITY-ST-ZIP	Sun City Center, FL 33573	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **ALAN L. ZIMMERMAN** **3/10/98**

CP2E037 (10/97)

013-633-4467