

# 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 # N27632 (1)**

1. Corporation Name

**RETIRED OFFICERS' LAND CORPORATION**

Principal Place of Business

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

Mailing Address

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



3. Date Incorporated or Qualified  
**07/27/1988**

3a. Date of Last Report  
**02/13/1995**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number  
**59-2909809**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**GREZAFFI, JOSEPH**  
**1010 AMERICAN EAGLE BLVD., #227**  
**SUN CITY CENTER FL 33573**

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 CPD ☐ DELETE

NAME **GREZAFFI, JOSEPH**  
STREET ADDRESS **1010 AMERICAN EAGLE BLVD #227**  
CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE SD ☐ DELETE

NAME **LLOYD, LUTHER R.**  
STREET ADDRESS **15209 LAKE MAURINE DR.**  
CITY-ST-ZIP **ODESSA FL**

TITLE TD ☐ DELETE

NAME **GARTEN, MELVIN**  
STREET ADDRESS **60 MARTINIQUE AVENUE**  
CITY-ST-ZIP **TAMPA FL**

TITLE D ☐ DELETE

NAME **GARBETT, JOHN S**  
STREET ADDRESS **1010 AMERICAN EAGLE BLVD #350**  
CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE D ☐ DELETE

NAME **BROWN, PETER R.**  
STREET ADDRESS **11180 6TH STREET EAST**  
CITY-ST-ZIP **TREASURE ISLAND FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Date:

Daytime Phone

CR2E037 (12/95)