

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 18, 2002 8:00 am
Secretary of State

06-18-2002 90485 016 ****61.25

DOCUMENT # N28533

1. Entity Name

BUENAVENTURA LAKES-KISSIMMEE CHAPTER #4259 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

**BVL COMMUNITY CENTER
 501 FLORIDA PARKWAY
 KISSIMMEE FL 34743
 US**

Mailing Address

**LAWRENCE DE FRANCISCO
 525 ELMWOOD COURT
 KISSIMMEE FL 34743
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

BVL COMMUNITY CENTER

Suite, Apt. #, etc.

501 Florida Parkway

City & State

KISSIMMEE, FL 34743

Zip

34743

Country

OSCEOLA

3. Mailing Address

Wilfon Robinson

Suite, Apt. #, etc.

7941 Golden Pond Circle

City & State

Kissimmee, fl 34741

Zip

34741

Country

OSCEOLA

4. FEI Number

94-3069199

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DE FRANCISCO, LAWRENCE
 525 ELMWOOD COURT
 KISSIMMEE FL 34743**

7. Name and Address of New Registered Agent

Name **President**

Wilfon Robinson

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

7941 Golden Pond Circle

City & State

Kissimmee, FL

Zip Code

34741

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE **WILFON G. ROBINSON PRESIDENT**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when changing)

DATE

6/14/02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DE FRANCISCO, LAWRENCE	
STREET ADDRESS	525 ELMWOOD COURT	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	S	<input type="checkbox"/> Delete
NAME	UPTON, JOAN	
STREET ADDRESS	3077 CROSS CREEK COURT	
CITY-ST-ZIP	ST. CLOUD FL 34769	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DE FRANCISCO, ALICE	
STREET ADDRESS	525 ELMWOOD COURT	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WILFON, ROBINSON	
STREET ADDRESS	7941 GOLDEN POND CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL 34747	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, NORMA	
STREET ADDRESS	7941 GOLDEN POND CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL 34747	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOURINO, CEASER	
STREET ADDRESS	1842 KINGS HWY	
CITY-ST-ZIP	KISSIMMEE FL 34744	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wilfon Robinson	
STREET ADDRESS	7941 Golden Pond Circle	
CITY-ST-ZIP	Kissimmee, FL 34747	
TITLE	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS	Same	
CITY-ST-ZIP	Same	
TITLE	Vice Present	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marthsa Sibel	
STREET ADDRESS	1417 Avleich Circle	
CITY-ST-ZIP	Kissimmee, FL 32824	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Norma Robinson	
STREET ADDRESS	7941 Golden Pond Circle	
CITY-ST-ZIP	Kissimmee, FL 34747	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Melvin Berman	
STREET ADDRESS	104 Taxpan lane	
CITY-ST-ZIP	Kissimmee, FL 34743	
TITLE	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS	Same	
CITY-ST-ZIP	Same	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Norma Clarke Robinson Treasurer**
 SIGNATURE REQUIRED **Norma Clarke Robinson**

Date

Daytime Phone #

CR2E037 (9/01)



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

Attachment
Document #
N28533
869385

May 29, 2002

BUENAVENTURA LAKES-KISSIMMEE CHAPTER #4259 OF AMERICAN
WILFON ROBINSON
7941 GOLDEN POND CIR.
KISSIMMEE, FL 34741 US

Subject: BUENAVENTURA LAKES-KISSIMMEE CHAPTER #4259 OF

Reference Number: N28533

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed nonprofit annual report/uniform business report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

The new registered agent must sign accepting the designation.

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/sm

ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314