

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90017 013 ****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
**WILFON ROBINSON
7941 GOLDEN POND CIR
KISSIMMEE, FL 34747 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
94-3069199

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBINSON, WILFON
7941 GOLDEN POND CIRCLE
KISSIMMEE, FL 34741**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Wilfon Robinson*

02-04-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **ROBINSON, WILFON**
CITY-ST-ZIP **7941 GOLDEN POND CIR
KISSIMMEE, FL 34747**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **UPTON, JOAN**
CITY-ST-ZIP **3077 CROSS CREEK COURT
ST. CLOUD, FL 34769**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **NORMA, ROBINSON**
CITY-ST-ZIP **7941 GOLDEN POND CIR
KISSIMMEE, FL 34747**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **VP**
STREET ADDRESS **ROMANCHUK, TERESA**
CITY-ST-ZIP **44 WAGON CIR
KISSIMMEE, FL 34743**

TITLE ☒ Change ☐ Addition
NAME **VP**
STREET ADDRESS **ERNESTINE WILLIAMS**
CITY-ST-ZIP **13305 BOULDER WOODS CIR.
ORLANDO, FL 32826**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **MACARTHUR, GEORGE**
CITY-ST-ZIP **5375 DAHLIA RESERVE DR
KISSIMMEE, FL 34758**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SPENCE, PURA**
CITY-ST-ZIP **483 FLORAL DR
KISSIMMEE, FL 34743**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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: *Wilfon Robinson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-04-04

Date

407-390-8115

Daytime Phone #