2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2006 8:00 am
Secretary of State
04-11-2006 90113 016 ****61.25

DOCUMENT # N28533

1. Entity Name

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

Principal Place of Business	Mailing Address
BVL COMMUNITY CENTER 501 FLORIDA PARKWAY KISSIMMEE FL 34743 US	WILFON ROBINSON 7941 GOLDEN POND CIR KISSIMMEE FL 34747 US

1st MOORE CR2E037 (10/05)

2. Principal Place of Business	3. Mailing Address
BVL Community Center	Norma Clarke-Robinson
Suite, Apt. #, etc.: 501 Florida Parkway	Suite, Apt. #, etc.: 7941 Golden Pond Circle
City & State: Kissimmee	City & State: Kissimmee FL
Zip: 34743 Country: Osceola	Zip: 34747 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

ROBINSON, WILFON
7941 GOLDEN POND CIRCLE
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name: President Norma Clarke-Robinson
Street Address (P.O. Box Number is Not Acceptable): 7941 Golden Pond Circle
Kissimmee
City: Kissimmee FL Zip Code: 34747

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: Norma Clarke-Robinson President Norma Clarke-Robinson 3/7/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2006

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROBINSON, WILFON 7941 GOLDEN POND CIR KISSIMMEE FL 34747	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Robinson-Clarke, Norma 7941 Golden Pond Circle Kissimmee, FL 34747	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S UPTON, JOAN 3077 CROSS CREEK COURT ST. CLOUD FL 34769	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LaRose, Esmie 3120 Birdsrest Place Kissimmee, FL 34743	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T NORMA, ROBINSON 7941 GOLDEN POND CIR KISSIMMEE FL 34747	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Cummings, Coralie 2109 Paprika Drive Orlando, FL 32837	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WILLIAMS, ERNESTINE 13305 BOULGER WOODS CIR ORLANDO FL 32821	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Same	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPENCE, PURA 483 FLORAL DR KISSIMMEE FL 34743	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Same	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALBert Fortune 3749 Ocita Dyive Orlando, FL 32837	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Norma Clarke Robinson 4/5/06 407-390-8115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number