


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 08:00 AM
Secretary of State

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 NORMA CLARKE-ROBINSON 7941 GOLDEN POND CIR KISSIMMEE, FL 34747 US
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DO NOT WRITE IN THIS SPACE



02252008 No Chg-NP CR2E037 (4/06)

4. FEI Number 94-3069199	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CLARKE-ROBINSON, NORMA
7941 GOLDEN POND CIRCLE
KISSIMMEE, FL 34747**

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	100000290391 04/23/08-80003-007 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBINSON-CLARKE, NORMA 7941 GOLDEN POND CIR KISSIMMEE, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAROSE, ESMIE 3120 BIRDSREST PL KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CUMMINGS, CORALIE 2109 PAPRIKA DR ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMS, ERNESTINE 13305 BOULGER WOODS CIR ORLANDO, FL 32821
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCE, PURA 483 FLORAL DR KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBERT, FORTUNE 3749 OCITA DR ORLANDO, FL 32837

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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* **4-08-08 407-390-8115**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #