2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# N28533

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

Current Principal Place of Business:

BVL COMMUNITY CENTER
501 FLORIDA PARKWAY
KISSIMMEE, FL 34743 US

New Principal Place of Business:

Current Mailing Address:

NORMA CLARKE-ROBINSON
7941 GOLDEN POND CIR
KISSIMMEE, FL 34747 US

New Mailing Address:

FEI Number: 94-3069199 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	ROBINSON-CLARKE, NORMA	
Address:	7941 GOLDEN POND CIR	
City-St-Zip:	KISSIMMEE, FL 34747	
Title:	S	( ) Delete
Name:	LAROSE, ESMIE	
Address:	3120 BIRDSREST PL	
City-St-Zip:	KISSIMMEE, FL 34743	
Title:	T	( ) Delete
Name:	CUMMINGS, CORALIE	
Address:	2109 PAPRIKA DR	
City-St-Zip:	ORLANDO, FL 32837	
Title:	VP	( ) Delete
Name:	WILLIAMS, ERNESTINE	
Address:	13305 BOULGER WOODS CIR	
City-St-Zip:	ORLANDO, FL 32821	
Title:	D	( ) Delete
Name:	SPENCE, PURA	
Address:	483 FLORAL DR	
City-St-Zip:	KISSIMMEE, FL 34743	
Title:	D	( ) Delete
Name:	ALBERT, FORTUNE	
Address:	3749 OCITA DR	
City-St-Zip:	ORLANDO, FL 32837	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMA CLARKE-ROBINSON P 03/26/2009

Electronic Signature of Signing Officer or Director — Date