2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28533

FILED Mar 28, 2012 Secretary of State

Entity Name: BUENAVENTURA LAKES-KISSIMMEE CHAPTER #4259 OF AMERICAN ASSOCIATION OF RETIRED

PERSONS, INC.

Current Principal Place of Business: New Principal Place of Business:

BVL COMMUNITY CENTER 501 FLORIDA PARKWAY KISSIMMEE, FL 34743 US

Current Mailing Address: New Mailing Address:

AUDREY N. HAZEL 4520 BOGGY CREEK ROAD KISSIMMEE, FL 34744 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HAZEL, AUDREY N DR. 4520 BOGGY CREEK RD. KISSIMMEE, FL 34744 US

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: F

Name: HAZEL, AUDREY N DR Address: 4520 BOGGY CREEK RD. City-St-Zip: KISSIMMEE, FL 34744

Title: S

Name: LAROSE, ESMIE
Address: 3120 BIRDSREST PL
City-St-Zip: KISSIMMEE, FL 34743

Title:

Name: CUMMINGS, CORALIE Address: 2109 PAPRIKA DR City-St-Zip: ORLANDO, FL 32837

Title: VP

Name: WILLIAMS, ERNESTINE
Address: 13305 BOULGER WOODS CIR

City-St-Zip: ORLANDO, FL 32821

Title:

Name: CLARKE-ROBINSON, NORMA Address: 7941 GOLDEN POND CIR City-St-Zip: KISSIMMEE, FL 34747

Title: [

 Name:
 ALBERT, FORTUNE

 Address:
 3749 OCITA DR

 City-St-Zip:
 ORLANDO, FL 32837

I hereby 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 all other like empowered.

SIGNATURE: AUDREY N. HAZEL DR. 03/28/2012