

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90123 033 ****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

**LAWRENCE DE FRANCISCO
525 ELMWOOD COURT
KISSIMMEE FL 34743
US**

2. Principal Place of Business

3. Mailing Address

WILFON ROBINSON

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7941 GOLDEN POND CIRCLE

City & State

City & State

KISSIMMEE FL.

Zip

Country

Zip

Country

34747

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

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

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

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 **P** ☒ Delete
NAME **DE FRANCISCO, LAWRENCE**
STREET ADDRESS **525 ELMWOOD COURT**
CITY-ST-ZIP **KISSIMMEE FL 34743**

TITLE **WILFON ROBINSON** ☐ Change ☒ Addition
NAME **7941 GOLDEN POND CIRCLE**
STREET ADDRESS **KISSIMMEE FL. 34747**
CITY-ST-ZIP

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

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

TITLE **T** ☒ Delete
NAME **DE FRANCISCO, ALICE**
STREET ADDRESS **525 ELMWOOD COURT**
CITY-ST-ZIP **KISSIMMEE FL 34743**

TITLE **ROBINSON NORMA** ☐ Change ☒ Addition
NAME **7941 GOLDEN POND CIRCLE**
STREET ADDRESS **KISSIMMEE, FL. 34747**
CITY-ST-ZIP

TITLE **VP** ☒ Delete
NAME **WILFON, ROBINSON**
STREET ADDRESS **7941 GOLDEN POND CIRCLE**
CITY-ST-ZIP **KISSIMMEE FL 34747**

TITLE **VP** ☐ Change ☒ Addition
NAME **ROMANCHUK TERESA**
STREET ADDRESS **44 WAGON CIRCLE**
CITY-ST-ZIP **KISSIMMEE FL. 34743**

TITLE **D** ☒ Delete
NAME **ROBINSON, NORMA**
STREET ADDRESS **7941 GOLDEN POND CIRCLE**
CITY-ST-ZIP **KISSIMMEE FL 34747**

TITLE **D** ☐ Change ☒ Addition
NAME **GEORGE MAC ARTHUR**
STREET ADDRESS **6375 DAHLIA RESERVE DR.**
CITY-ST-ZIP **KISSIMMEE FL. 34748**

TITLE **D** ☒ Delete
NAME **MOURINO, CEASER**
STREET ADDRESS **1842 KINGS HWY**
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE **D** ☐ Change ☒ Addition
NAME **PURA SPENCE**
STREET ADDRESS **483 FLORAL DR.**
CITY-ST-ZIP **KISSIMMEE FL. 34743**

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:

[Signature]

0120-03

407390-8115

CR2E037 (10/02)