FILED FILE NOW: FILING FEE IS \$61.25 NONPROFIT May 06 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 N31459 DOCUMENT # (3)MID FLORIDA LAKES-LEESBURG CHAPTER #4329 OF AMER ICAN ASSOCIATION OF RETIRED PERSONS, INC. Principal Place of Business Mailing Address 176 MILLWOOD RD. 112 CAMEUA DR 3. Date Incorporated or Qualified LEESBURG FL 34788 LEESBURG FL 34788 03/31/1989 4. FEI Number Applied For 94-3068243 Not Applicable Principal Place of Business MID-FLORI
RLLAKES COMMUNITYORI
Solie, 201. 11. etc. 2a. Malling Address \$8.75 Additional 5. Certificate of Status Desired ROBERT Fee Required Sulte, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 2 188 FOREST DRIVE MID-FLORIDA LA KES Trust Fund Contribution Added to Fees City & State 7. Is this nonprofit corporation a homeowners association? LEESTURG Yes No Country ZIP ESBURGE Zip 8. This corporation owes or has paid the current year Intangible Yes Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ROBERT J. SCHNIYZ SCHNITZ, ROBERT J, SCHNITY 112 CAMELIA DR MID-FLORIDA LA KES Address (P.O. Box Number is Not Acceptable)
D-FLORIDA LAKES LEESBURG FL 34788 -260 1 AMELLIADRIVE 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition NAME SCHNITZ, ROBERT 1.2 NAME 112 CAMELIA DRIVE STREET ADDRESS 1.3 STREET ADDRESS LEESBURG FL CITY-ST-ZIP 1.4 City - St. 782 DELETE ☐ Addition TITLE 2.1 TITLE Change WESTERMAN, ELSIE 22 NAME **138 CAMELLIA DRIVE** STREET ADDRESS 2.3 STREET ADDRESS LEESBURG FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 1016 WHITE, LUCIA G. NAME 3.2 NAME 117 W. STERLING WAY STREET ADDRESS 3.3 STREET ADORESS Leesburg fl CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TILLE 4.1 TITLE Addition 4. 2 NAME NAME MCGUFFIN, MILDRED 147 W. STERLING WAY 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition MALE elleck, helen 5.2 NAME STREET ADDRESS 176 MILLWOOD RD **5.3 STREET ADDRESS** CITY-ST-ZIP Leesburg Fl 5.4 CITY - ST - ZIP TITLE DELETE 6 1 TITLE Addition MAR PERRY, LARRY 6.2 NAME STREET ADDRESS 122 W. STERLING WAY 6.3 STREET ADDRESS

CREESS 7

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is suppliemental annual 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 12 or Block 13 if changed, or on an attachment with an address. BOLIRBERT J. SCHNTT Z 4/28/98(352)589-4901

6.4 CITY-ST-ZIP

MFL LEESBURG FL

CITY-ST-ZIP