

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **N33125** (8)

95 APR -5 PM 3: 00

1. Corporation Name  
**ANASTASIA ISLAND/BEACHES #4425 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.**

Principal Place of Business	Mailing Address
% KENNETH M. FALCONER 23 DOLPHIN DRIVE ST. AUGUSTINE FL 32084	% KENNETH M. FALCONER 23 DOLPHIN DRIVE ST. AUGUSTINE FL 32084

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified <b>07/03/1989</b>	3a. Date of Last Report <b>04/15/1994</b>
4. FEI Number <b>94-3065761</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26 <b>As Above</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent

**FALCONER, KENNETH M.  
23 DOLPHIN DRIVE  
ST. AUGUSTINE FL 32084**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Kenneth M Falconer **3/30/95**  
Signature, typed or printed name of registered agent and the date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HANKEY, PATRICIA
STREET ADDRESS	267 PUEBLA RD
CITY - ST - ZIP	ST. AUGUSTINE FL
TITLE	VD
NAME	TUTTLE, DORIS
STREET ADDRESS	259 MAJORCA RD
CITY - ST - ZIP	ST. AUGUSTINE FL
TITLE	SD
NAME	TAYLOR, MARCELLA
STREET ADDRESS	218 LILY ROAD
CITY - ST - ZIP	ST AUGUSTINE FL
TITLE	TD
NAME	FALCONER, KENNETH M.
STREET ADDRESS	23 DOLPHIN DRIVE
CITY - ST - ZIP	ST AUGUSTINE FL
TITLE	CD
NAME	HIERS, JOSEPH
STREET ADDRESS	2401 HYDRANGEA STREET
CITY - ST - ZIP	ST AUGUSTINE FL
TITLE	CD
NAME	HANKEY, PATRICIA
STREET ADDRESS	267 PUEBLA ROAD
CITY - ST - ZIP	ST. AUGUSTINE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kenneth M Falconer Treasurer **3/30/95 904 824 8550**  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR DATE