

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N33125 (8)

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**

3. Date Incorporated or Qualified **07/03/1989** 3a. Date of Last Report **04/05/1995**
4. FEI Number **94-3065761** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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 *Kenneth M Falconer* DATE **3/10/96**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | HANKEY, PATRICIA | |
| STREET ADDRESS | 267 PUEBLA RD | |
| CITY-ST-ZIP | ST. AUGUSTINE FL | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | TUTTLE, DORIS | |
| STREET ADDRESS | 259 MAJORCA RD | |
| CITY-ST-ZIP | ST. AUGUSTINE FL | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | TAYLOR, MARCELLA | |
| STREET ADDRESS | 218 LILY ROAD | |
| CITY-ST-ZIP | ST. AUGUSTINE FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | FALCONER, KENNETH M. | |
| STREET ADDRESS | 23 DOLPHIN DRIVE | |
| CITY-ST-ZIP | ST. AUGUSTINE FL | |
| TITLE | CD | <input checked="" type="checkbox"/> DELETE |
| NAME | HIERS, JOSEPH | |
| STREET ADDRESS | 2401 HYDRANGEA STREET | |
| CITY-ST-ZIP | ST. AUGUSTINE FL | |
| TITLE | CD | <input checked="" type="checkbox"/> DELETE |
| 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 | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | DORIS TUTTLE | |
| 1.3 STREET ADDRESS | 259 Majorca Road | |
| 1.4 CITY-ST-ZIP | St. Augustine, Fl. 32084 | |
| 2.1 TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Ruth Kasprak | |
| 2.3 STREET ADDRESS | 880 A1A Beach Blvd. #3218 | |
| 2.4 CITY-ST-ZIP | St. Augustine, Fl. 32084 | |
| 3.1 TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Marcella Taylor | |
| 3.3 STREET ADDRESS | 850 Alhambra Avenue | |
| 3.4 CITY-ST-ZIP | St. Augustine, Fl. 32086 | |
| 4.1 TITLE | MD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Helen Falconer | |
| 4.3 STREET ADDRESS | 23 Dolphin Drive | |
| 4.4 CITY-ST-ZIP | St. Augustine, Fl. | |
| 5.1 TITLE | LD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | Joseph Hiers | |
| 5.3 STREET ADDRESS | 365 Orchis Road | |
| 5.4 CITY-ST-ZIP | St. Augustine, Fl. 32086 | |
| 6.1 TITLE | CD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | Margaret Nemo | |
| 6.3 STREET ADDRESS | P.O. Box 302 | |
| 6.4 CITY-ST-ZIP | St. Augustine, Fl. 32085 | |

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 119.07(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 617, 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* DATE: **3/30/96** TELEPHONE: **904 824 8550**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE #

CR2E037 (12/95)