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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

% KENNETH M. FALCONER
23 DOLPHIN DRIVE
ST. AUGUSTINE FL 32084-4530

3. Date Incorporated or Qualified
07/03/1989

3a. Date of Last Report
04/09/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
94-3065761

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

25 Country

28 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME TUTTLE, DORIS
STREET ADDRESS 259 MAJORCA ROAD
CITY-ST-ZIP ST. AUGUSTINE FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD DELETE
NAME KASPRAK, RUTH
STREET ADDRESS 880 A1A BEACH BLVD, #3218
CITY-ST-ZIP ST. AUGUSTINE FL

2.1 TITLE Change Addition
2.2 NAME VP PETER WILLIAMS
2.3 STREET ADDRESS 232 SEA WOODS DRIVE N
2.4 CITY-ST-ZIP ST. AUGUSTINE BEACH 32084

TITLE SD DELETE
NAME TAYLOR, MARCELLA
STREET ADDRESS 850 ALHAMBRA AVE
CITY-ST-ZIP ST AUGUSTINE FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD DELETE
NAME FALCONER, KENNETH M.
STREET ADDRESS 23 DOLPHIN DRIVE
CITY-ST-ZIP ST AUGUSTINE FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME HIERS, JOSEPH
STREET ADDRESS 385 ORCHIS ROAD
CITY-ST-ZIP ST AUGUSTINE FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE CD DELETE
NAME NEMO, MARGARET
STREET ADDRESS PO BOX 302
CITY-ST-ZIP ST. AUGUSTINE FL *Street address NA*

6.1 TITLE Change 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 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 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

1/7/97

904 824 8650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0001244

CFR2E037 (9/96)