

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90049 038 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N33125

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

07/03/1989

22 City & State

27 City & State

4. FEI Number

94-3065751

Applied For
Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

24

25

29

30

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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 VP DELETE
NAME HIERS, JOSEPH
STREET ADDRESS 365 ORCHIDS RD
CITY-ST-ZIP ST. AUGUSTINE FL 32086

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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, REBA
STREET ADDRESS 365 ORCHIS ROAD
CITY-ST-ZIP ST. AUGUSTINE FL 32086

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 63 MAIN STREET
CITY-ST-ZIP ST. AUGUSTINE FL

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Doris Tuttle March 4, 1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)