

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

0000464

**DOCUMENT # N33125**

03-13-2002 90077 050 \*\*\*\*61.25

1. Entity 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

**511101**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**94-3065751**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
 NAME **CHAMBERS, EDGAR III**  
 STREET ADDRESS **185 MAYA CT**  
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32086-7037**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP**  Delete  
 NAME **HIERS, REBA**  
 STREET ADDRESS **365 ORCHIS RD**  
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32086**

TITLE **VICE President**  Change  Addition  
 NAME **MARIANNE WHITE**  
 STREET ADDRESS **1606 VISTA COVE ROAD**  
 CITY-ST-ZIP **ST. AUGUSTINE, FL 32084-3042**

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

TITLE **Secretary**  Change  Addition  
 NAME **HIERS, Reba**  
 STREET ADDRESS **365 ORCHIS Rd**  
 CITY-ST-ZIP **ST. AUGUSTINE, FL 32086-6525**

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **CHAMBERS, JACKIE S**  
 STREET ADDRESS **185 MAYA CT**  
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32086**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **CD**  Delete  
 NAME **NEMO, MARGARET**  
 STREET ADDRESS **63 MONROE ST**  
 CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Kenneth M. Falconer*

2/26/02

904 824 8550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)