

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33125

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

4. FEI Number

94-3065751

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

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 reinstating)

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

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

☐ Delete

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

☒ Delete

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

☒ Delete

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

☐ Delete

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

☐ Delete

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

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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

☐ Change

☒ Addition

TITLE Secretary  
NAME HIERS, REBA  
STREET ADDRESS 365 ORCHIS RD  
CITY-ST-ZIP ST. AUGUSTINE, FL 32086-6525

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/02

Date

904 824 8550

Daytime Phone #

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

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

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DO NOT WRITE IN THIS SPACE

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