

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90033 048 ****61.25

DOCUMENT # N33125

1. Entity Name

ANASTASIA ISLAND/BEACHES #4425 OF AARP, INC.



Principal Place of Business

EDGAR CHAMBERS III
185 MAYA CT
SAINT AUGUSTINE FL 32086

Mailing Address

EDGAR CHAMBERS III
185 MAYA CT
SAINT AUGUSTINE FL 32086

2. Principal Place of Business

MARIANNE H. WHITE

Suite, Apt. #, etc.

1606 VISTA COVE RD.

3. Mailing Address

MARIANNE H. WHITE

Suite, Apt. #, etc.

1606 VISTA COVE RD.

City & State

ST. AUGUSTINE FL

City & State

ST. AUGUSTINE FL

Zip

32084

Country

ST. JOHN'S

Zip

32084

Country

ST. JOHN'S



MOORE

CR2E037 (11/03)

4. FEI Number

94-3065751

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE MARIANNE H. WHITE, PRES. Marianne H. White 02-23-04

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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

TITLE VP
NAME WHITE, MARIANNE ☒ Delete
STREET ADDRESS 1606 VISTA COVE RD
CITY-ST-ZIP SAINT AUGUSTINE FL 32084-3042

TITLE S
NAME HIRS, REBA ☐ Delete
STREET ADDRESS 365 ORCHIS RD
CITY-ST-ZIP SAINT AUGUSTINE FL 32086-6525

TITLE TD
NAME AYCLAIR, LORRAINE ☐ Delete
STREET ADDRESS 112 ORCHIS RD
CITY-ST-ZIP SAINT AUGUSTINE FL 32086

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD. ☒ Change ☐ Addition
NAME WHITE, MARIANNE H.
STREET ADDRESS 1606 VISTA COVE ROAD
CITY-ST-ZIP ST. AUGUSTINE, FL 32084-3042

TITLE VP ☒ Change ☐ Addition
NAME FRAN ALAIA
STREET ADDRESS 3101 2ND STREET
CITY-ST-ZIP ST. AUGUSTINE, FL 32084-2258

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME AUCLAIR (CORRECTION
STREET ADDRESS ON NAME)
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Marianne H. White MARIANNE H. WHITE 02-23-04 (904)819-0746

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #