

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90147 029 ****61.25



DOCUMENT # N33125
 1. Entity Name
ANASTASIA ISLAND/BEACHES #4425 OF AARP, INC.

Principal Place of Business Mailing Address
MARIANNE H WHITE, 1606 VISTA COVE RD. SAINT AUGUSTINE FL 32084
MARIANNE H WHITE, 1606 VISTA COVE RD. SAINT AUGUSTINE FL 32084



2. Principal Place of Business **JACKIE S. Chambers** 3. Mailing Address **JACKIE S. Chambers**
 Suite, Apt. #, etc. **185 MAYA CT** Suite, Apt. #, etc. **185 MAYA CT**

1st MOORE CR2E037 (10/05)

City & State **St. Augustine, FL** City & State **St. Augustine, FL**
 Zip **32086-7037** Country **USA** Zip **32086-7037** Country **USA**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW - FEE IS \$61.25
Due By May 1, 2006

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 D	<input type="checkbox"/> Delete
NAME	WHITE, MARIANNE H	
STREET ADDRESS	1606 VISTA COVE RD.	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084-3042	
TITLE	D	<input type="checkbox"/> Delete
NAME	HIERS, REBA	
STREET ADDRESS	365 ORCHIS RD	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086-6525	
TITLE	PD D	<input type="checkbox"/> Delete
NAME	AUCLAIR, LORRAINE	
STREET ADDRESS	112 ORCHIS RD	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CHAMBERS, JACKIE S	
STREET ADDRESS	185 MAYA CT	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
TITLE	S	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKIE S. Chambers	
STREET ADDRESS	185 MAYA CT	
CITY-ST-ZIP	St. Augustine, FL 32086-7037	
TITLE	V PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EBANUR Zelusky	
STREET ADDRESS	917 GRACE PARK CT	
CITY-ST-ZIP	JACKSONVILLE, FL 32259	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGARET SOWEN	
STREET ADDRESS	2500 VISTA COVE RD	
CITY-ST-ZIP	St Augustine, FL 32084-3076	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mildred Edmondson	
STREET ADDRESS	1702 PRESTWICK PL	
CITY-ST-ZIP	St. Augustine, FL 32086	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: **JACKIE S. Chambers** *Jackie S. Chambers* 3/28/06 (904) 94-0681