

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

MARIANNE H WHITE.
1606 VISTA COVE RD.
SAINT AUGUSTINE FL 32084

Mailing Address

MARIANNE H WHITE.
1606 VISTA COVE RD.
SAINT AUGUSTINE FL 32084



2. Principal Place of Business

JACKIE S. Chambers
185 MAYA CT
ST AUGUSTINE, FL

3. Mailing Address

JACKIE S. Chambers
185 MAYA CT
ST AUGUSTINE, FL

1st MOORE

CR2E037 (10/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32086-7037

USA

32086-7037

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

7. Name and Address of New Registered Agent

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

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

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, 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 ☒ D ☐ Delete
NAME WHITE, MARIANNE H
STREET ADDRESS 1606 VISTA COVE RD.
CITY-ST-ZIP SAINT AUGUSTINE FL 32084-3042

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

TITLE ☒ D ☐ Delete
NAME AUCLAIR, LORRAINE
STREET ADDRESS 112 ORCHIS RD
CITY-ST-ZIP SAINT AUGUSTINE FL 32086

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

TITLE ☒ S ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME PD JACKIE S. Chambers
STREET ADDRESS 185 MAYA CT
CITY-ST-ZIP St. Augustine, FL 32086-7037

TITLE ☒ Change ☐ Addition
NAME V PD EDANUR Zelusky
STREET ADDRESS 917 GRACE PARK CT
CITY-ST-ZIP JACKSONVILLE, FL 32259

TITLE ☒ Change ☐ Addition
NAME S MARGARET SOWEN
STREET ADDRESS 2500 VISTA COVE RD
CITY-ST-ZIP St Augustine, FL 32084-3076

TITLE ☒ Change ☐ Addition
NAME T Mildred Edmondson
STREET ADDRESS 1702 PRESTWICK PL
CITY-ST-ZIP St. Augustine, FL 32086

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 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