

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33125

FILED
Apr 27, 2009
Secretary of State

Entity Name: ANASTASIA ISLAND/BEACHES #4425 OF AARP, INC.

Current Principal Place of Business:

ST AUGUSTINE BEACHES CITY HALL
SAINT AUGUSTINE, FL 320867037

New Principal Place of Business:

Current Mailing Address:

763 FRUIT COVE LANE
ST.JOHNS, FL 32259

New Mailing Address:

732 CUMBERLAND COURT EAST
ST.JOHNS, FL 32259

FEI Number: 94-3065751

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ZELUSKY, ELEANOR
Address: 763 FRUIT COVE LANE
City-St-Zip: ST. JOHNS, FL 32259

Title: VPD () Delete
Name: KIRWAN, NEIL
Address: 471 SAN BRUNO ST.
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: S () Delete
Name: ZELUSKY, ELEANOR
Address: 763 FRUIT COVE LANE
City-St-Zip: ST.JOHNS, FL 32259

Title: T () Delete
Name: HEIRS, REBA
Address: 365 ORCHIS ROAD
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D () Delete
Name: KUSY, BILL
Address: P.O. BOX 840124
City-St-Zip: SAINT AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ZELUSKY, ELEANOR
Address: 732 CUMBERLAND COURT EAST
City-St-Zip: ST. JOHNS, FL 32259

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SOUCY, MARGARET
Address: 2500 VISTA COVE ROAD
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELEANOR ZELUSKY

PD

04/27/2009

Electronic Signature of Signing Officer or Director

Date