


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91093 040 \*\*\*\*61.25

**DOCUMENT # N33125**

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



Principal Place of Business  
**% KENNETH M. FALCONER  
23 DOLPHIN DRIVE  
ST. AUGUSTINE FL 32084**

Mailing Address  
**% KENNETH M. FALCONER  
23 DOLPHIN DRIVE  
ST. AUGUSTINE FL 32084**

2. Principal Place of Business  
**% Edgar Chambers III  
185 MAYA CT.**

3. Mailing Address  
**% Edgar Chambers III  
185 MAYA CT.**

City & State  
**St. Augustine, FLA.**

City & State  
**St. Augustine, FLA.**

Zip  
**32086-7037**

Country  
**ST Johns**

Zip  
**32086-7037**

Country  
**ST. Johns**

4. FEI Number **94-3065751** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

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  
**Please Excuse - I signed in wrong place  
CT Corporation is still Registered Agent**

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, the registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW: FEE IS \$61.25**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CHAMBERS, EDGAR III 185 MAYA CT SAINT AUGUSTINE FL 32086-7037</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP WHITE, MARIANNE 1606 VISTA COVE RD SAINT AUGUSTINE FL 32084-3042</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S HIERS, REBA 365 ORCHIS RD SAINT AUGUSTINE FL 32086-6525</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD FALCONER, KENNETH M. 23 DOLPHIN DRIVE ST AUGUSTINE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CHAMBERS, JACKIE S 185 MAYA CT SAINT AUGUSTINE FL 32086</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD NEMO, MARGARET 63 MONROE ST ST. AUGUSTINE FL</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER LORRAINE AUCLAIR 112 ORCHIS RD. ST. AUGUSTINE, FLA 32086-6522</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Edgar Chambers III *Edgar Chambers III* 3/17/2003 (904) 794-0681

CR2E037 (10/02)